S. No. 300
v. 10.48

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29579

BIRTH NO. 0 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7250

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY St Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) /
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4. A Lewis Place.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 215
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
d. STREET ADDRESS (If rural, give location) 12. 4 Lewis Pl.

3. NAME OF DECEASED (Type or Print)
a. (First) Thomasenia
b. (Middle)
c. (Last) Herriot

4. DATE OF DEATH (Month) (Day) (Year) July 27-1952

5. SEX Female 3

6. COLOR OR RACE Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH JAN 12 1871

9. AGE (In years last birthday) 81 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Nill

11. BIRTHPLACE (State or foreign country) South Carolinea /

12. CITIZEN OF WHAT COUNTRY? Yes

13a. FATHER'S NAME Charles Wilder

13b. MOTHER'S MAIDEN NAME Lydia Ballard

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME Dr Charles E. Herriot
ADDRESS 4. Lewis Pl

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from* July, 1952, *to* Aug. 27, 1952, *that I last saw the deceased alive on* Aug. 19, 1952, *and that death occurred at* 9:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Merle B. Hereford (Degree or title) M.D.

23b. ADDRESS 4424 A Easton

23c. DATE SIGNED 6-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 7/28/52

24c. NAME OF CEMETERY OR CREMATORY Washington D. C.

24d. LOCATION (City, town, or county) Washington D. C. (State)

DATE REC'D BY LOCAL REG. JUL 28 1952

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Herman J. Smith
ADDRESS 4247 W Laclede Ave

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Lawrence E. Woodson

Signed.....
Student Embalmer

Licensed Embalmer No. 4341

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.