

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36444

State File No.

FILED NOV 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9403**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3446 Williams Place</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dorothy</b> b. (Middle) <b>Anna</b> c. (Last) <b>Harrington</b>			4. DATE OF DEATH <b>October 10 1952</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 3 1904</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Edward Finn</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Trigg</b>		14. NAME OF HUSBAND OR WIFE <b>Charles W. Harrington</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Charles W. Harrington</b>	
				ADDRESS <b>3446 Williams Pl</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Accident</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic Hypertension</b>			<b>5 hrs</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)			<b>5 yrs</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 <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>	

22. I hereby certify that I attended the deceased from **Sept 11, 1952**, to **Oct. 10, 1952**, that I last saw the deceased alive on **Oct. 10, 1952**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>Arthur Sumel M.D.</b>		23b. ADDRESS <b>2202 University St.</b>		23c. DATE SIGNED <b>10/11/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>October 13 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	

DATE REC'D BY LOCAL REG. <b>OCT 14 1952</b>		REGISTRAR'S SIGNATURE <b>Calvin F. Fentz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Fentz</b>	
				ADDRESS <b>4828 Nat. Bridge Blvd</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1280

2200 University St  
Co 3995  
12.30 P.M. to 3.P.M.

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph C. Lindan

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

**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.