

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36473

FILED NOV 13 1952

State File No. \_\_\_\_\_

318

1003

9958

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9958		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>East St. Louis</u> b. COUNTY <u>St. Clair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place township) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u>		81-29		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>407 a No. 11th Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARLOW</u> b. (Middle) <u>OTIS</u> c. (Last) <u>HERRING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 16-1896</u>		
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. RR.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>York - Ill - I</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Henry Herring</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Herring</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war in which served) <u>yes</u>		16. SOCIAL SECURITY NO. <u>702-14649</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mo. Hazel Herring</u>		ADDRESS <u>607 Olive St.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of Rosenmüller from July 1947</u>  ANTECEDENT CAUSES <u>with metastases</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS* <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Transitional Cell Carcinoma</u>				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? <u>148X</u>				
22. I hereby certify that I attended the deceased from <u>Sept 29, 1952</u> , to <u>Oct 28, 1952</u> , that I last saw the deceased alive on <u>Oct 28, 1952</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clarence H. Hoop MD</u>				23b. ADDRESS <u>Mo. Pac. Hoop</u>		23c. DATE SIGNED <u>10/28/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10/31/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Guards Jefferson Barracks - Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>OCT 29 1952</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sw. B. Schler, Jr.</u>		ADDRESS <u>E. St. Louis, Ill.</u>		

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

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 me

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ben K. Edmunds

Licensed Embalmer No. 20

P. O. Address 212 W. 1st St.

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.