No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40256

State File No.

FILED NOV 24 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10599

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
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) ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 3214a S.Jefferson Ave.

2247
0
24

3. NAME OF DECEASED (Type or Print)
a. (First) ORENA
b. (Middle) ELIZABETH
c. (Last) BURTON

4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 6, 1953

5. SEX Female 1
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Aug.18.1908
9. AGE (In years last birthday) 45 — 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) Retired clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St.Louis,Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME George O.Hering
13b. MOTHER'S MAIDEN NAME Frances Johnson
14. NAME OF HUSBAND OR WIFE Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 329-03-4067
17. INFORMANT'S SIGNATURE OR NAME Miss Edna M.Hering **ADDRESS** 3214a S.Jefferson

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) Subarachnoid Hemorrhage

ANTECEDENT CAUSES

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

DUE TO (b) Renal Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND 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? 446X

22. *I hereby certify that I attended the deceased from* 11-6-53, *19*___, *to* 11-6-53, *19*___, *that I last saw the deceased alive on* 11-6-53, *19*___, *and that death occurred at* 8:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE Hubert B. Zimmerman (Degree or title) D.M.D.
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 11-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 11-9-53
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum
24d. LOCATION (City, town, or county) St.Louis Co.,Mo. (State)

DATE REC'D BY LOCAL REG. NOV 9 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
mjs
25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. L&U.Co. **ADDRESS** 2929 S.Jefferson 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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 435

P. O. Address 2929 S.

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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