

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10106**
Registrar's No. **2411**

No. 300
10-48

FILED MAR 19 1954

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 10106		Registrar's No. 2411				
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)								
a. COUNTY _____				a. STATE MISSOURI		b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.			c. LENGTH OF STAY (In this place) 5 years		c. CITY OR TOWN ST. LOUIS, MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1753 PRESTON PLACE				e. STREET ADDRESS (If rural, give location) 23 1753 PRESTON PLACE								
3. NAME OF DECEASED (Type or Print)			a. (First) ELLA		b. (Middle) HENRIETTA		c. (Last) HERRINGTON		4. DATE OF DEATH (Month) (Day) (Year) MARCH 14, 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 2, 1872		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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON COUNTY, MO. 0			12. CITIZEN OF WHAT COUNTRY? U.S.A				
13a. FATHER'S NAME SILAS BELEW			13b. MOTHER'S MAIDEN NAME MARY COLLINS			14. NAME OF HUSBAND OR WIFE						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME JOE HERRINGTON, LIBERAL, KANSAS.						ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon						2 year		
				ANTECEDENT CAUSES								
				<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p align="right">DUE TO (b) _____</p> <p align="right">DUE TO (c) _____</p>								
				II. OTHER SIGNIFICANT CONDITIONS								
<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>												
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION									20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 153X							
22. I hereby certify that I attended the deceased from <u>Sept 16, 1953</u>, to <u>March 14, 1954</u>, that I last saw the deceased alive on <u>March 13, 1954</u>, and that death occurred at <u>5 A. m.</u>, from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) William J. Marx, D.O.				23b. ADDRESS 1829 S. 18th St				23c. DATE SIGNED 3/16/54				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-17-1954		24c. NAME OF CEMETERY OR CREMATORY Desoto,			24d. LOCATION (City, town, or county) (State) Desoto, Missouri					
DATE REC'D BY LOCAL REG. MAR 16 1954		REGISTRAR'S SIGNATURE Carl Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc.			ADDRESS 2301 Lafayette, St. Louis 4, Missouri				

WRITE PLAINLY—USING UNFAADING 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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. G. Farris*.....

Licensed Embalmer No. *331*
P. O. Address *2301 Lafayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.