

XC-18 406 609  
 Reg. 6799 SL-3273

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 9715

BIRTH NO. FILED MAR 31 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2518

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (if outside corporate limits, write RURAL and give town) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 22 days		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 Veterans Administration Hosp.		STREET ADDRESS (If rural, give location) 21 2026 Franklin Avenue 2219	
3. NAME OF DECEASED (Type or Print) a. (First) LEROY b. (Middle) - c. (Last) HERRON		4. DATE OF DEATH (Month) (Day) (Year) 3-17-55	
5. SEX MALE		6. COLOR OR RACE NEGRO	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 9-9-34	
9. AGE (In years last birthday) 20		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dish Washer		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	
11. BIRTHPLACE (City and State or Foreign Country) Winona, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME L.V. Herron		13b. MOTHER'S MAIDEN NAME Lucy Belle Moore	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Korean		16. SOCIAL SECURITY NO. 498 34 6768	
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo		ADDRESS	
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) CARCINOMA OF RIGHT COLON WITH DIFFUSE PERITONEAL AND PLURAL DISSEMINATION INTERVAL BETWEEN ONSET AND DEATH Undetermined 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 <input checked="" 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) m.		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 2-23-55, 19__ to 3-17-55, 19__, and that death occurred at 11:23a m., from the causes and on the date stated above.			
23a. SIGNATURE J. J. Kaminski (Degree or title)		23b. ADDRESS M.D. VA Hosp. 915 N. Grand, St. Louis, Mo.	
23c. DATE SIGNED 3-18-55			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 3/28/55	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Winona, Miss.	
DATE REC'D BY LOCAL REG. MAR 21 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Grenberry		ADDRESS 4202 Finney	

E.P. (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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Melvin E. Green*.....

Licensed Embalmer No. *44*.....

P. O. Address *M. Low*.....

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.