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FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16694

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 4102

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

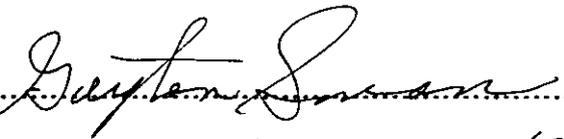
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits write RURAL and give town or township) <i>St. Louis</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>D. O. A. Home Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>4216 1/2 E. Evans</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i> b. (Middle) <i>Herron</i> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>May 5, 1955</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Unknown</i>	8. DATE OF BIRTH <i>Feb. 9, 1909</i>
9. AGE (To years last birthday) <i>46</i>	10. MONTHS <i>2</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Unknown</i>	12. CITIZEN OF WHAT COUNTRY? <i>9</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Unknown</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Unknown</i>		
13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>unk.</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. William 4000 E. Evans</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO <i>Hypertensive Heart Disease</i>			
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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>443x</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>2:50 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>James M. Kelly</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>5/9/55</i>	
24a. HOSPITAL, CREMATION, REMOVAL (Specify) <i>Removed</i>	24b. DATE <i>May 11, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
DATE REC'D BY LOCAL REG. <i>MAY 9 1955</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <i>E. B. Lawrence 12217 Grand</i>	

(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.....


Licensed Embalmer No. 456

P. O. Address 1221 N. 4

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.