

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011744

FILED MAR 24 1958

STATE FILE NUMBER
2902

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2902

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|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>East St. Louis</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mrs. Roe. Hosp. Ass.</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>32 546 Mildred.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>MOLLIE</u> Middle <u>(None)</u> Last <u>HERRINGTON.</u> | | 4. DATE OF DEATH Month <u>3</u> Day <u>9</u> Year <u>58</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>w</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>1886</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | 11. BIRTHPLACE (City and state or country) <u>Ruble, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | 13a. FATHER'S NAME <u>William Skiles</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Eliza Thornton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ernest J. Herrington</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Raymond Herrington, E. St. Louis, Ill.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Embolism - Thrombotic</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH <u>2-10-58</u> <u>years</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Death occurred at <u>2-5-58</u> to <u>3-9-58</u> and last saw her alive on <u>3-8-58</u> <u>1130 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>R. B. Shannon M.D.</u> | |
| 22b. ADDRESS <u>1755 So. Grand</u> | | 22c. DATE SIGNED <u>3-10-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3/12/58</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Burial Park</u> | | 23d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u> | |
| 24. FUNERAL DIRECTOR <u>John J. Kassly, E. St. Louis,</u> | | 25. DATE RECD. BY LOCAL REG. <u>MAR 12 '58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> <u>M. & B.</u> | | | |

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 NOT EMBALMED, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John J. Kessy III
Licensed Embalmer No. 5039.....

P. O. Address Belleville, Ill

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.