

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034572

FILED OCT 13 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2639 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kinloch CLAYTON		Length of stay in 1b 19 DAYS		c. CITY OR TOWN Kinloch		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 131 Evergreen		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Richard Middle O. Last Herndon				4. DATE OF DEATH Month 10 - Day 2 - Year 59									
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-16-1895		9. AGE (last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Overton Herndon				13b. MOTHER'S MAIDEN NAME Mary Edwards				14. NAME OF HUSBAND OR WIFE Frazzie Herndon					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 499-01-8461		17. INFORMANT Address Mrs. Frazzie Herndon 131 Evergreen							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Obstruction of ureters DUE TO (b) Carcinoma of Bladder (Urinary) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 6 months.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____													
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 9-13-59 to 10-2-59 and last saw him alive on 10-2-59 Death occurred at 5:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Ronald C. Pastore, M.D. (Degree or title)						22b. ADDRESS 601 S. BRENTWOOD			22c. DATE SIGNED 10-5-59				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 10-9-1959		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery				23d. LOCATION (City, town, or county) St. Louis County, Missouri		(State)			
24. FUNERAL DIRECTOR ADDRESS Metropolitan Funeral System, Inc.			25. DATE RECD. BY LOCAL REG. 10-5-59		26. REGISTRAR'S SIGNATURE John C. Murphy								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John K. Cummings

Licensed Embalmer No. 4496

P. O. Address 2405 Marce

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.