

CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1082

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Anna HEROD		2. F	3. 3-12-1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. white	5a. 91	5b.	5c.	6. Dec. 2, 1877
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. St. Louis CO. CLAYTON		7d. St. Louis County Hospital		
7c. YES				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri	9. USA	10. widowed	11. Barney Herod	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 500-54-6916		13a. none	13b.	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri	14b. St. Louis	14c. Crestwood	14d.	14e. 9239 Buxton Dr.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Alexander Gardner		16. Jane Smith		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Ernest A. Herod		17b. 9239 Buxton Dr., Crestwood, Mo.		

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a)	Acute Heart failure			
DUE TO, OR AS A CONSEQUENCE OF:				
(b)	Concentric Heart failure			
DUE TO, OR AS A CONSEQUENCE OF:				
(c)	Post-operative Right Ventricle			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				ALLOPSY (YES OR NO)
				19a. No
				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
				19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c.	M. 20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20e.	20f.	20g.		

CERTIFIER

CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. DECEASED FROM				21b.			21c.	21d.	21e. 1:45 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.									
22. CERTIFIER—NAME (TYPE OR PRINT)									
23a. Mariano Floro, Jr., M.D.			SIGNATURE		M. 22b.		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23b. Mailing Address—CERTIFIER			23c. 601 S. Brentwood Blvd., 63105		CITY OR TOWN		STATE		ZIP

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. removal	24b. St. Francois Cem.	24c. Bonne Terre, Mo.		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. 3-15-69	25a. Michael Fitzgerald Mort, 4580 S. Lindbergh,			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25b. Edmund J. Laverne	26a. James Murphy M.D.	26b. MAR 13 1969		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DO NOT WRITE ON THIS STUB

9. 1

10a. 91

10b.

11. 0

12. 2

13. 9.887X

14.

15. 4

16. 23

17. 400

18. 0

19. CREDITS

20.

4. 4002

5. 45

6. 4012

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 Eleanora Horine

Licensed Embalmer No. 3403

P. O. Address 6322 50 Grand

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.