

FILED MAY 1 1950 STANDARD CERTIFICATE OF DEATH

State File No. **14452**  
Registrar's No. **3646**

BIRTH NO. \_\_\_\_\_ REG. DIST. No. **318** PRIMARY REG. DIST. No. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>208 S. Leffingwell Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>Hermon</b>	a. (First)	b. (Middle)	c. (Last) <b>Dance</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 17 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 4, 1888</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Days <b>9</b>	IF UNDER 24 HRS. Hours <b>13</b>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Blackmer &amp; Post</b>	11. BIRTHPLACE (State or foreign country) <b>Sharon, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Ermon Dance</b>	13b. MOTHER'S MAIDEN NAME <b>Annie ?</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.#1</b>	16. SOCIAL SECURITY NO. <b>494-03-3780</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margie Winn</b>	ADDRESS <b>1139 Walton Ave.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lung Abscess</b>	DUPLICATE		<b>Undet.</b>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <b>Lobar Pneumonia</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>Septic Embolism</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>H90X</b>
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22. I hereby certify that I attended the deceased from **3-31**, 19 **50** to **4-17**, 19 **50**, that I last saw the deceased alive on **4-17**, 19 **50**, and that death occurred at **11:44pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James J. Hedrick</b>	(Degree or title)	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>4-19-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>	24b. DATE <b>Apr. 24, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>APR 21 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Pasita</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Randle &amp; Son</b>	ADDRESS <b>3133 Bell Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*S. J. Gato*

Signed .....  
Student Embalmer

Licensed Embalmer No. *2695*

P. O. Address *2769 Charlotte*

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 this body is not embalmed, fact should be so stated above.