

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 787 16 130

Primary Registration District No. 101

Registrar's No. 1671

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Clayton
 (c) Name of hospital or institution:
St. Marks Church 6337 Clayton Rd.
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Richmond Heights
 (d) Street No. 7155 WISE AVE
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Joseph Harshaw
 8. (b) If veteran, name war _____
 8. (c) Social Security No. _____
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Etta Harshaw
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Jan 3 1876
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 19
 year 1939 hour 11 minute A M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>16</u>	_____ hr. _____ min.

Immediate cause of death _____
Cerebral hemorrhage 1 day
 Due to _____
Hypertension
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Maintenance Man
 11. Industry or business Shoe Company and Church
 MOTHER FATHER
 12. Name Wm. Harshaw
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Maria Adkins
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant's own signature Etta Harshaw
 (b) Address 7155 WISE AVE
 17. (a) Burial (b) Date thereof 9-22-'39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery
 18. (a) Signature of funeral director Fred M. Williams
 (b) Address 4535 Washington Blvd.
 19. (a) SEP 21 1939 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? yes (Specify type of place) _____
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address Coroner of St. Louis County Date signed 9/20/39

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Guy W Wilkinon

Licensed Embalmer No..... *3575*

P. O. Address.....

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, above space should be left blank.