

S. No. 2
M-5-43
5-17-39
I X3687

STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 24 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3454

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stone Nursing Home 4373 West Pine Blv'd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oas

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 197

(d) Street No. 4373 West Pine
(If rural, give location) 199

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Beaury L. Harwood

3. (b) If veteran, name war no

3. (c) Social Security No. 320-18-6857

4. Sex male 0 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mae E. Harwood

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 26 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 9 17 hr. min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation salesmanager

11. Industry or business retired

MOTHER FATHER

12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country) 9

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country) 9

16. (a) Informant Wm S. Hofman

(b) Address 7359 Ravina Dr. Normandy

17. (a) Burial (b) Date thereof Apr-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director J. K. R. Co.

(b) Address 2707 N. Grand Blv'd

19. (a) APR 15 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 2 1944 to April 13 1946
that I last saw him alive on April 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon Duration 2 years

Due to metastasis in liver 3 months

Due to H/O

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

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? (Specify type of place) (e) Means of injury C

23. Signature Handwritten (M. D. or other)

Address 3903 Elm St. Date signed Apr 15 1946

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

13000

q CE

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 *Stanley F. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St Louis, Mo*

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.