

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6457**  
**2076**  
Registrar's No.

FILED MAR 11 1948

Registration District No. **318**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County St. Louis Mo

(b) City or town St. Louis Mo

(c) Name of hospital or institution 212 Plum Dr

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 0000

(c) City or town St. Louis Mo

(d) Street No. 212 Plum Dr

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Will Harvey

3. (b) If veteran \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color of skin Negro

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr 1880

**8. AGE:** Years 46 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation not listed

11. Industry or business not listed

12. Name not listed

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

14. Maiden name not listed

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

16. (a) Informant Thos. J. Glavin

(b) Address Anatomical Board

17. (a) Anatomical Board (b) Date thereof FEB 29 1948

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) FEB 29 1948 (b) J. F. Brebeck

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 12 year 1948 hour \_\_\_\_\_ minute 40

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.

Immediate cause of death BRONCHIO PNEUMONIA

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) W.M.A.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Signature] Date signed 2/14/48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ralph W Henson  
Licensed Embalmer No. 3791  
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.**