#81206

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24341

Primary Registration District No. 1003

Registrar's No. 6674

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. Stay [redacted] Hotel - 6th + Market
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME BENNY HARKEY

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 2nd (Month) (Day) (Year)

8. AGE: Years 63? Months Days If less than one day hr. min.

9. Birthplace Washington, D.C. (City, town, or county) (State or foreign country)

10. Usual occupation Odd Jobs

11. Industry or business

MOTHER FATHER

12. Name James Harkey

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Aline Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly

(b) Address 4386 Lindell

19. (a) JUL 29 1948 (Date received local registrar) (b) J. F. Bradecak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1948 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from 7/22/48, 19..., to July 26th, 1948, that I last saw him alive on July 26th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pericarditis Acute Fibrinous	(?)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cirrhosis of liver	?

Major findings:
Of operations

Of autopsy Pericarditis; Cirrhosis of liver & Chronic passive congestion

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)

Address 1515 Lafayette Date signed 7/27/48

(Licensed Embalmer's Statement on Reverse Side)

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 Atenson

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 wit the above constitutes grounds for revocation of license.)

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