

S. No. 300  
V. 10.48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3511

State File No. ....

BIRTH NO. 57 REG. DIST. NO. 2002 PRIMARY REG. DIST. NO. 2002 Registrar's No. 112

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> (Institution)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6527 Crest Ave</b>		d. STREET ADDRESS <b>6527 Crest Ave</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Clara</b>	b. (Middle) <b>?</b>	c. (Last) <b>Harper</b>	(Month) <b>January</b>	(Day) <b>17</b>	(Year) <b>1949</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b> (Specify)	8. DATE OF BIRTH <b>Feb 7 1865</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Hours	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>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>New Haven Ills</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Geo. Bryant</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Harris</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Harper</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Harper</b> ADDRESS <b>6527 Crest Ave</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Bladder</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Internal hemorrhoids</b> DUE TO (c) <b>526</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis</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) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>none</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 12-1-48, 1948 to 1-17-49, 1949, that I last saw the deceased alive on 1-16-49, 1949, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>G. Ancho. M.D.</b> (Degree or title)	23b. ADDRESS <b>608 King Island</b>	23c. DATE SIGNED <b>1-17-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 19 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ebenezer Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Norris City Ills</b>
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DATE REC'D BY LOCAL REG. <b>1-19-49</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b> ADDRESS <b>1125 Hodiamont Ave</b>
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Dr. G. J. Fuchs

608 Kingsland Ave

Cabany 8400

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *Clement McNeary* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3732* .....

P. O. Address *St Louis* .....

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.