

S. No. 300  
V. 10:48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3572

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 108

96

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

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>S. Kinlock Park Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>S. Kinlock Park Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>124 Etzel St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>124 Etzel St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Olive</u> b. (Middle) <u>Harris</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 12th 49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howar County MO.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>George Snidder</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>B. Harris</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>499-28-6826</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marry Alice Brown, 30 Freeland</u>	ADDRESS
---	---	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CAUSE UNKNOWN</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		
		<u>2000</u> <u>153</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>V</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold L. Lutz</u> (Degree or title) <u>MD</u>	23b. ADDRESS Act. Commr. of Health <u>St. Louis County Health Dept.</u>	23c. DATE SIGNED <u>1-18-49</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO.</u>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-18-49</u>	REGISTRAR'S SIGNATURE <u>Harold L. Lutz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond L. Dwyer</u>	ADDRESS <u>4453 Bayfield</u>
--	--	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

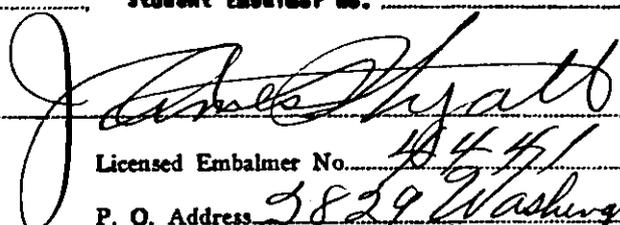
**STATEMENT BY LICENSED EMBALMER**

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 \_\_\_\_\_



Signed .....  
Student Embalmer

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

**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.