

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10129
State File No. 2584
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4263 W Page Blvd.				
3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) _____ c. (Last) Harmon			4. DATE OF DEATH (Month) 3 (Day) 20 (Year) 1949					
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 26, 1919		
9. AGE (in years last birthday) 29		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Calvin Harmon			13b. MOTHER'S MAIDEN NAME Carrie Boyd			14. NAME OF HUSBAND OR WIFE Mary Louise Harmon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Louise Harmon			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of skull and brain; suffered Mar 16, 1949 about 12:00 pm when gun in hands of deceased was accidentally discharged - in unbalanced manner, from garage in rear of 754 No Euclid				INTERVAL BETWEEN ONSET AND DEATH _____	
			ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (b): Stating the underlying cause(s). None		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. None					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 16 49 12:00 pm		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 11:40 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE Thomas E. Taylor			23b. ADDRESS 1300 Clark Ave			23c. DATE SIGNED 3		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-26-1949		24c. NAME OF CEMETERY OR CREMATORY St. George Cemetery		24d. LOCATION (City, town, or county) (State) East St. Louis Ill.		
DATE REC'D BY LOCAL REG. MAR 22 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home				
				ADDRESS 2820 Stoddard St.				

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Fulton E. Culkini

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 13, 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.