

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28131

State File No. ....

7785

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer Phillips</b>		d. STREET ADDRESS (If rural, give location) <b>4523 Evans</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Harris</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 7 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>June 27, 1917</b>
9. AGE (In years) last birthday <b>32</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Montgomery County Ala.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Rev. Issac Harris</b>	
13b. MOTHER'S MAIDEN NAME <b>Jannie Mitchell</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes War 2</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Inez H. Gates</b>		ADDRESS <b>4122 Enright</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable Multiple Sclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined.</b>			
DUE TO (c) <b>None</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>7-27</b> , 19 <b>49</b> , to <b>9-7</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>9-7</b> , 19 <b>49</b> , and that death occurred at <b>7:20a</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>James J. Hedrick</b>		23b. ADDRESS <b>2601 N Whittier</b>	23c. DATE SIGNED <b>9-7-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-12-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Burksville, Ala</b>
DATE REC'D BY LOCAL REG. <b>SEP</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Lance</b>	ADDRESS <b>1221 N. Grand</b>

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

SEP 30 1949

**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.....

*Jeffrey B Cooper*  
.....  
Licensed Embalmer No. *4608*

P. O. Address *1221 N. Gunn*

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.