No. 300
10-48

FILED SEP 20 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 31814

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7888

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

**1. PLACE OF DEATH**
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Brothers Hospital 3933 S. Broadway

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis

d. STREET ADDRESS (If rural, give location) 3701 a S. Jefferson Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First) George
b. (Middle)
c. (Last) Harbaugh

**4. DATE OF DEATH** (Month) (Day) (Year) Sept. 10, 1949

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** August 23, 1876
**9. AGE** (In years last birthday) 73 — IF UNDER 1 YEAR Months 0 Days 17 — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired- City Fireman
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country) Waterloo, ILL.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** David Harbaugh
**13b. MOTHER'S MAIDEN NAME** Elizabeth O'Niel
**14. NAME OF HUSBAND OR WIFE** Frances Harbaugh

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** Frances Harbaugh 3701a S. Jefferson Ave. 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.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Temphigus
ANTECEDENT CAUSES Paralysis Agitans
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) Terminal Bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 350 X

22. *I hereby certify that I attended the deceased from* July, 1945, *to* Sept 10, 1949, *that I last saw the deceased alive on* Sept 10, 1949 *and that death occurred at* 4,45 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) [signature]
**23b. ADDRESS** 2606 Gravois
**23c. DATE SIGNED** 9-12-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Sept. 13, 1949
**24c. NAME OF CEMETERY OR CREMATORY** St. Peter & Paul Cemetery
**24d. LOCATION** (City, town, or county) (State) Waterloo, Illinois

**DATE REC'D BY LOCAL REG.** SEP 12 1949
**REGISTRAR'S SIGNATURE** [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE** John H. Gebken Sons Und. Co. ADDRESS 2630 Gravois Ave.

(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.

Student .....
Student Embalmer

Signed Robert F. Siebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**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.