

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **8868**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 8868			
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, Mo.				c. LENGTH OF STAY (In this place) 11 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 19 - 4449 West Pine							
3. NAME OF DECEASED (Type or Print) a. (First) Georgia b. (Middle) Bernice c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14 1949			5. SEX Female			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married			8. DATE OF BIRTH July 31 1922			9. AGE (In years last birthday) 27			IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY - At Home			11. BIRTHPLACE (State or foreign country) Jacksonville, Illinois			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Burmeister			13b. MOTHER'S MAIDEN NAME Anna Greene			14. NAME OF HUSBAND OR WIFE Luther Harris					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther Harris 4449 West Pine					
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) Chronic myelogenous leukemia 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.						INTERVAL BETWEEN ONSET AND DEATH 5 years	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) 7442			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? 2041								
22. I hereby certify that I attended the deceased from Oct. 3 , 19 49 , to Oct. 14 , 19 49 , that I last saw the deceased alive on Oct. 14 , 19 49 , and that death occurred at 5:10 P.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) F.R. Bradley M.D.						23b. ADDRESS Barnes Hospital,			23c. DATE SIGNED 10/14/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct. 16, 49		24c. NAME OF CEMETERY OR CREMATORY City			24d. LOCATION (City, town, or county) (State) Jacksonville, Illinois				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 15 1949 J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4800 Washington								

(Licensed Embalmer's Statement on Reverse Side)

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

FILED OCT 28 1949

MOA 124

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 _____

Elmo R. Goodwell

Licensed Embalmer No. 4077

P. O. Address _____

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.