

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35208**
Registrar's No. **9206**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 011	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN City St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5- 5184 Page Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Isolation Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Gladys b. (Middle) c. (Last) Harsey	4. DATE OF DEATH (Month) (Day) (Year) 10-24-1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29, 1902	9. AGE (In years last birthday) 46	10. UNDER 1 YEAR Months 9 Days 25	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Wings	10b. KIND OF BUSINESS OR INDUSTRY McDonald Aircraft	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Robert Miller	13b. MOTHER'S MAIDEN NAME Dora Carper	14. NAME OF HUSBAND OR WIFE Charles Harsey
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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. 498-26-5210	17. INFORMANT'S SIGNATURE OR NAME Charles Harsey ADDRESS 5184 Page Blvd.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell carcinoma of cervix 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 2 yrs.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 48 (COUNTY) (STATE) 48
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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? 171X
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22. I hereby certify that I attended the deceased from **5-18**, 19**49**, to **10-24**, 19**49**, that I last saw the deceased alive on **10-24**, 19**49**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Masao Okamoto (Degree or title) M.D.	23b. ADDRESS 5800 Arsenal	23c. DATE SIGNED 10/25/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-27-49	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Garden	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. OCT 26 1949	REGISTRAR'S SIGNATURE J. H. Sauter	25. GENERAL DIRECTOR'S SIGNATURE Stan. P. Stuart ADDRESS 1225 Union
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(Licensed Embalmer's Statement on Reverse Side)

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

6721 67 100W

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

Clement McNeary

Licensed Embalmer No. 3732

P. O. Address

St. Louis

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.