

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35813

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 4228

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>University City</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>6527 Chamberlain Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6527 Chamberlain Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>HARRISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Unk. Unk. 1870</u>		9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Scally</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Agnes Creger</u>		ADDRESS <u>6527 Chamberlain Ave.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH	
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.		4222	

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) (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 Aug 1949 to Oct 22, 1949, that I last saw the deceased alive on Oct 22, 1949, and that death occurred at 7:45 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Kleinschmidt M.D.</u>	23b. ADDRESS <u>508 N. Grand Ave.</u>	23c. DATE SIGNED <u>10/24/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-24-49</u>	REGISTRAR'S SIGNATURE <u>Herbert Rolombe, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>	ADDRESS <u>3840 Lindell Blvd.</u>
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(Licensed Embalmer - Statement on Reverse Side)

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 W H Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.