

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36100**BIRTH NO. _____ REG. DIST. NO. 36 PRIMARY REG. DIST. NO. 4531 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY WARREN		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 Warrenton Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 2 mo., 18 d.		d. STREET ADDRESS (If rural, give location) 5017 Cabanne Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Katie Jane Home 4			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Thomas c. (Last) Harbison			4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH March 13		9. AGE (In years last birthday) 81		10. CITIZEN OF WHAT COUNTRY? U.S.	
11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME James Harbison	
14. MOTHER'S MAIDEN NAME Virginia Bowles		15. NAME OF HUSBAND OR WIFE None		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
17. SOCIAL SECURITY NO. _____		18. INFORMANT'S SIGNATURE OR NAME Miss Virginia Longworth		ADDRESS 5017 Cabanne St. Louis, Mo.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Service		10b. KIND OF BUSINESS OR INDUSTRY Street car Cond.		11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cordis-vascular aml DUE TO (c) Ischemic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scurvy				INTERVAL BETWEEN ONSET AND DEATH 7 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 July 29, 1949, to Oct 15, 1949, that I last saw the deceased alive on Oct. 15, 1949, and that death occurred at 2:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS Warrenton Mo.		23c. DATE SIGNED 10-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-18-49		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary		ADDRESS 6633 Clayton Rd St. Louis, Mo.	

DATE REC'D BY LOCAL REG. 10-17-49		REGISTRAR'S SIGNATURE [Signature] 421		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary		ADDRESS 6633 Clayton Rd St. Louis, Mo.	
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OCT 20 1945

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 John Thielburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, Me

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.