

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38792**  
Registrar's No. **10204**

FILED DEC 6 1949

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10204</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				21. STREET ADDRESS (If rural, give location) <b>3307 A Laclede Avenue</b>			
3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) <b>W</b> c. (Last) <b>Harris</b>			4. DATE OF DEATH <b>Nov 24 1949</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept 5th 1892</b>	
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>George Harris</b>		13b. MOTHER'S MAIDEN NAME <b>Rachel Taylor</b>	
13c. NAME OF HUSBAND OR WIFE <b>Hazel Harris</b>		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W. # 1</b>		16. SOCIAL SECURITY NO. <b>487-14-3576</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Hazel Harris</b>		17. INFORMANT'S SIGNATURE OR NAME _____		17. INFORMANT'S SIGNATURE OR NAME _____		ADDRESS <b>3307a Laclede Avenue</b>	
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) _____						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) <b>Cocainism of head of</b>							
DUE TO (c) <b>Paucarias</b>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) <b>Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>154K</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6-15 A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Edmond E. Doyle</b> (Degree or title) _____				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>11/25/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11-29-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Brks, St. Louis, Co, MO</b>	
DATE REC'D BY LOCAL REG. <b>NOV 28 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.H. Randle &amp; Son 3133 Bell Avenue</b>			

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*S. J. Hatson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chautauque*

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.