

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

2561

State File No. ....

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 163

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 163	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY <u>6/16/50</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) TOWNSHIP) <u>3 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henderson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u> <u>2223 Locust St</u>				d. STREET ADDRESS (If rural, give location) <u>N.R.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>G</u>		c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5th 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-5th, 1886</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>=</u>		IF UNDER 24 HRS. Hours <u>=</u> Min. <u>=</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner Coal</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mine</u>		11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Don Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Susie</u>		14. NAME OF HUSBAND OR WIFE <u>Relia Harris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Relia Harris, 3435 Lucas</u>			
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, asthenia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Carcinoma</u>  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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>St. Louis</u> <u>1-11</u>			
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 <u>1514</u>			
22. I hereby certify that I attended the deceased from <u>Nov 1, 1948</u> , to <u>Jan 5, 1950</u> that I last saw the deceased alive on <u>Jan 4, 1950</u> , and that death occurred at <u>10:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold M. D.</u>				23b. ADDRESS <u>4270 - W. Finney</u>		23c. DATE SIGNED <u>Jan 6/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-7th - 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>ST. Louis</u> <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JAN 7 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Leater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Buster Walker 3506, Franklin, Ave.</u>			

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

Licensed Embalmer No. 44441

P. O. Address 3506 Franklin

**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.