

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14598

State File No. 4004

1003

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY

b. CITY OR TOWN ST. LOUIS

c. CITY OR TOWN ST. LOUIS 3119

d. FULL NAME OF HOSPITAL OR INSTITUTION CITY SANITARIUM

d. STREET ADDRESS (If rural, give location) 2420 COLEMAN STR.

3. NAME OF DECEASED
a. (First) THOMAS b. (Middle) C c. (Last) HARRISON

4. DATE OF DEATH (Month) (Day) (Year) May 1, 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH SEPT. 28-1877

9. AGE (In years last birthday) 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HEATING CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME THOMAS HARRISON

13b. MOTHER'S MAIDEN NAME ALVINA SCHESSKE

14. NAME OF HUSBAND OR WIFE MARTHA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lydia Zahner - 1050 Packard Ter.,

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) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis

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 4 yrs. x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) 4/200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 50 to May 1, 19 50, that I last saw the deceased alive on May 1, 19 50, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. Lowrey Brown, M.D. (Degree or title)

23b. ADDRESS 5400 Arsenal St.

23c. DATE SIGNED 5/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE MAY 3 1950

24c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S CHURCHYARD

24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO

DATE REC'D BY LOCAL REG. MAY 3

REGISTRAR'S SIGNATURE J. B. Foster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. MULLEN UND CO., 5165 DELMAR BL.

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

H. J. Farris

Licensed Embalmer No. *3384*

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.