

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15389**  
Registrar's No. **992**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>150 days</b>		2129	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMIN. HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1136 Aubert Street</b>	

3. NAME OF DECEASED (Type or Print) <b>ROBERT F. HARPER</b>			4. DATE OF DEATH <b>APRIL 14, 1950</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>N</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>APRIL 13, 1928</b>		9. AGE (In years last birthday) <b>34</b>		10. MONTHS <b>29</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Birmingham, Alabama</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Thomas Harper</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Godwin</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Harper</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF SIGMOID</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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. <b>CARCINOMATOSIS &amp; EMACIATION</b>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>153X</b> 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) _____	
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? _____	

22. I hereby certify that I <sup>VA</sup> attended the deceased from **11-15-49**, 19\_\_\_\_, to **4-14-50**, 19\_\_\_\_, and that death occurred at **8:25A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L.E. Stowell M.D.</b> <b>CHIEF, PROF. SERVICES</b>		23b. ADDRESS <b>V.A. HOSP. JEFF. BRKS. MO.</b>		23c. DATE SIGNED <b>4-14-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-17-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL</b>	
				24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MO.</b>	

DATE REC'D BY LOCAL REG. <b>4-17-50</b>		REGISTRAR'S SIGNATURE <b>Hubert L. Clarke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>GATES FUNERAL HOME-1107 Finney, St. Louis, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 1953

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

*John T. Cunningham*

Signed.....

Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.