

FILED JUL 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24835
5866
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glendale</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>943 Nancy Carol Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthonys Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Walter</u> c. (Last) <u>Harrison</u>		4. DATE OF DEATH (Month) <u>July</u> (Year) <u>1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 6, 1889</u>
9. AGE (Last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Division Plant Supportendant, Bell Tel. Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Dallas, Texas - CLEVELAND, OHIO U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas. W. Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Hill</u>	
14. NAME OF HUSBAND OR WIFE <u>Marguerite Harrison</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War I Signal Corps</u>	
16. SOCIAL SECURITY NO. <u>488-07-5544</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marguerite Harrison</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>carcinoma of pancreas with extension to the stomach</u> <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF PANCREAS WITH EXTENSION TO THE STOMACH</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
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)	
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? <u>157X</u>			
22. I hereby certify that I attended the deceased from <u>21 MARCH, 1949</u> , to <u>5 JULY, 1950</u> , that I last saw the deceased alive on <u>5 JULY, 1950</u> , and that death occurred at <u>10:20 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert S. Warner</u>		23b. ADDRESS <u>818 Olive St. St. Louis, Mo.</u>	
23c. DATE SIGNED <u>6 July 1950</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
23e. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		24. BIRTHAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
24b. DATE <u>July 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfonso & Sons</u>	
25. ADDRESS <u>6176 Delmar</u>		DATE REC'D BY LOCAL REG. <u>JUL 7 1950</u>	
REGISTER'S SIGNATURE <u>John P. Pascoe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfonso & Sons</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Def'd 6-14-50

Dr. R. B. Warner
Paul Brown Bldg
818 Olive
CR 4747
till

DEC 19 1950

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.....
Student Embalmer

Signed Jos. E. McCullough

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 24955

State of Mo. }
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5866

On this 20 day of July, 1950, before me appears.....

May M. Young, who, upon her oath, states that the original record of ^{birth} death
for Charles Walter Harrison, ^{died} ~~born~~ in St. Louis, 7-5-, 1950, in the State of
Missouri, and which was filed at St. Louis, Mo. on July 7, 1950, should be corrected as follows:

Item No. 4 should read July 5, 1950

Instead of July 6, 1950

Item No. 11 should read Cleveland, Ohio

Instead of Dallas, Texas

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Alexander L. Jones
Affiant: ~~May M. Young~~ *Jimmie*
Relationship: *son*
6175 Delmar
Present Address.

Subscribed and sworn to before me this 20th day of July, 1950

My Commission expires Oct 31, 1952 *M. A. Alexander* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.