

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1950

State File No. 28260

Registrar's No. 7143

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) OR TOWN St. Louis 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips		d. STREET ADDRESS (If rural, give location): 4444 Cottage Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Harris c. (Last) Harris	4. DATE OF DEATH (Month) (Day) (Year) 8 19 1950
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5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH 6/23/75	9. AGE (In years last birthday) 75	10. MONTHS 1	11. DAYS 1	12. IF UNDER 1 YEAR BOTH 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Humboldt, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Oscar Browning	13b. MOTHER'S MAIDEN NAME Elizabeth Unknown	14. NAME OF HUSBAND OR WIFE EUGENE HARRIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. Cockrell, 4444 Cottage Avenue
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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) Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive encephalopathy DUE TO (c) Coronary Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Unknown
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 4201
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22. I hereby certify that I attended the deceased from 8-2-50, 19 50, to Aug. 19, 19 50, that I last saw the deceased alive on 8-19-50, 19, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Robinson M.D. (Degree or title)	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 8-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/23/50	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE J. B. Luster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107m Finney Avenue
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

22 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.....

Frank J. Bates

Signed.....
Student Embalmer

Licensed Embalmer No. 4259

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.