

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28262

318

1003

Registrar's No. 6834

BIRTH NO.		REG. DIST. NO.		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				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis,				c. LENGTH OF STAY (In this place) 9 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		4617			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				Jd. STREET ADDRESS 1224 Drayton							
3. NAME OF DECEASED (Type or Print)			a. (First) Oliver		b. (Middle) Hodges		c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) 8-10-1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-14-1891		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days 2 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R R Conductor				10b. KIND OF BUSINESS OR INDUSTRY Illinois Central		11. BIRTHPLACE (State or foreign country) R R Co Shrewsbury, Mo			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME John B Harris				13b. MOTHER'S MAIDEN NAME Luda Hodges				14. NAME OF HUSBAND OR WIFE Edith Harris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW # 1				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Harris 1224 Drayton, Webster Groves, Mo					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerule Nephritis. ANTECEDENT CAUSES DUE TO (b) Cardiovascular renal disease DUE TO (c) Cardiac failure with arrhythmia/fibrillation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of bladder.								INTERVAL BETWEEN ONSET AND DEATH 3 yrs 3 yrs 2 mos. 1 yr.	
19a. DATE OF OPERATION 5-31-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder								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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 181X						
22. I hereby certify that I attended the deceased from 5-22-50 , 19 50 , to 8-10-50 , 19 50 , that I last saw the deceased alive on 8-10-50 , 19 50 , and that death occurred at 7-15 P. m. , from the causes and on the date stated above.											
23a. SIGNATURE <i>Edward M. Cannon</i>				(Degree or title) M.D.		23b. ADDRESS 607 N. Grand, St. Louis 3, Mo.			23c. DATE SIGNED 8-11-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-14-1950		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery			24d. LOCATION (City, town, or county) (State) St Louis, Mo.,				
DATE REC'D BY LOCAL REG. AUG 11 1950		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER COLONIAL MORTUARY 6404 Chippewa St. Louis, Mo					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 5

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 J. Broadway

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.