

No. 300
10-48

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31688

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7989

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| 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, Mo | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2834 Belt Ave. | | d. STREET ADDRESS (If rural, give location) 2834 Belt Ave. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) Jean c. (Last) Harmon | | | 4. DATE OF DEATH (Month) (Day) (Year) 9 18 1950 | | |
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| 5. SEX Female 2 | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2 | 8. DATE OF BIRTH July 25, 1864 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) ?, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |

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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Matilda Bates | 14. NAME OF HUSBAND OR WIFE Dead |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Fredericka Harmon | ADDRESS 2834 Belt Ave. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary A. sclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cardiac Disease</u> DUE TO (c) | | MEDICAL CERT. ON INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>2 1/2 mo.</u> |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4343</u> |
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22. I hereby certify that I attended the deceased from July 2, 1950, to Sept 18, 1950, that I last saw the deceased alive on Sept 17, 1950, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W.H. Mansfield, M.D.</u> | 23b. ADDRESS <u>4330^a Easton</u> | 23c. DATE SIGNED <u>9-19-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/22/50</u> | 24c. NAME OF CEMETERY OR CRÉMATORY <u>Greenwood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>SEP 21 1950</u> | REGISTRAR'S SIGNATURE <u>J.B. Laster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C.W. Roberts</u> | ADDRESS <u>416 E. Taylor Ave.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 13.7

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.