

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31692
8206
Registrar's No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3dys		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2017				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 6 4943 Cote Brilliant						
3. NAME OF DECEASED a. (First) Robert			b. (Middle) L		c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) Sept 26, 1950			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 23, 1867		9. AGE (In years last birthday) 82yrs		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Mail Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Monatah Co., Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Robert O. Harris			13b. MOTHER'S MAIDEN NAME ELIZABETH VAN POOL			14. NAME OF HUSBAND OR WIFE Loi Belle Harris				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. E. J. Schmidt					ADDRESS 4943 Cote Brilliant	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung -				INTERVAL BETWEEN ONSET AND DEATH 1 year		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis to liver &						
				DUE TO (c) Lymph glands.						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
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? 163X						
22. I hereby certify that I attended the deceased from Sept 21, 1950, to Sept 26, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 4:15 P.M., from the causes and on the date stated above.										
23a. SIGNATURE Herman M. Meyer M.D.				23b. ADDRESS 508 N. Graw (3)		23c. DATE SIGNED 9/29/50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 29 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State) _____		
DATE REC'D BY LOCAL REG. SEP 29 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 617 1/2 Delmar						

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

Dr Herman Meyer
Metropolitans Bldg
508 N Grand
Ne 8543

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

jos. E. McCulloch

Licensed Embalmer No. *2960*

P. O. Address *619 1/2 P. Lincoln*

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.