

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34879**

BIRTH NO. <u>44312-50</u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>8559</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1039a Vandeventer</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle)		c. (Last) <u>HARRIS</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>6</u>		(Year) <u>50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>7-27-50</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>		IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>James Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Ernestine Perry</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>E. Salanta 5005 Kingshighway</u>			
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>Respiratory failure</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u>					
		DUE TO (c) <u>Dehydration & Anemia.</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dehydration & Anemia.</u>					
19a. DATE OF OPERATION <u>9/14/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Abdominal adhesions.</u>				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>597X</u>			
22. I hereby certify that I attended the deceased from <u>8-29, 1950</u> , to <u>10-6, 1950</u> , that I last saw the deceased alive on <u>10-6, 1950</u> and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Am L. Shusterman M.D.</u>				23b. ADDRESS <u>St. Louis Children's Hosp.</u>		23c. DATE SIGNED <u>10/6/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/10/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>OCT 10 1950</u>		REGISTRAR'S SIGNATURE <u>E. B. Lacater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates</u>			
				ADDRESS <u>4107 Finney Av.</u>			

(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

John K. Cunningham

Licensed Embalmer No. 4496

P. O. Address 407 7th

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.