

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Star File No. **42337**
 Registrar's No. **10334**

FILED DEC 18 1950

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

| | | | | | |
|--|--|---|--|---|--|
| 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) OR TOWN ST. LOUIS | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1909th Carr | | STREET ADDRESS 1909th Carr | | (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Dollie | | b. (Middle) | | c. (Last) Harris | |
| 4. DATE OF DEATH (Month) (Day) (Year) Dec 1, 1950 | | 5. SEX F 3 | | 6. COLOR OR RACE Col | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Unknown | | 9. AGE (In years, last birthday) if UNDER 1 YEAR Months Days if UNDER 1 HS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during life, or working life, even if retired) Nil | | 10b. KIND OF BUSINESS OR INDUSTRY - | | 11. BIRTHPLACE (State or foreign country) La. | |
| 12. CITIZEN OF WHAT COUNTRY? 1 | | 13a. FATHER'S NAME Dave Dossie | | 13b. MOTHER'S MAIDEN NAME Simmie ? | |
| 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) No | | 16. SOCIAL SECURITY NO. - | |
| 17. INFORMANT'S SIGNATURE OR NAME BERTRUDE Luffin | | ADDRESS 1909th Carr | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) heretial hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) NO DUE TO (c) NO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION NO | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO | | 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 331X | |
| 22. I hereby certify that I attended the deceased from 11-26-1950 , to 12-1-1950 that I last saw the deceased alive on 12-1-1950 , and that death occurred at 2:51 Pm. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE J. B. Parster | | 23b. ADDRESS 1926th Franklin | | 23c. DATE SIGNED 12-2-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE Dec 7/50 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | |
| 24d. LOCATION (City, town, or county) (State) St Louis MO | | 25. FUNERAL DIRECTOR'S SIGNATURE F. H. Green | | ADDRESS 4214 Delmar | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE J. B. Parster | | | |

DEC 5 1950

FEB 1 1902

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

Christal E. Lewis

Student Embalmer No.

408

working under my personal supervision.

Student

Christal E. Lewis

Student Embalmer

Signed

J. A. Green

Licensed Embalmer No.

2963

P. O. Address

4314 Delmar

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.