

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42340
1003 Registrar's No. 11210

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

3
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)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips DOA		STREET ADDRESS (If rural, give location) 22 115 S. Beaumont	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Lexie	b. (Middle)	c. (Last) Harris	(Month) Dec. (Day) 26, (Year) 1950
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 15, 1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Penn. R. R.	9. AGE (In years last birthday) 28	11. BIRTHPLACE (State or foreign country) Starksville, Miss.
13a. FATHER'S NAME Macon Holmes		13b. MOTHER'S MAIDEN NAME Ella Harris	
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 James Stovall		ADDRESS 115 S. Beaumont	

14. NAME OF HUSBAND OR WIFE Ozie Harris		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr dislocation of 1st Cervical with transaxial of C-1 ANTECEDENT CAUSES with transaxial of C-1 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO injured when struck by auto driven by one J. W. Russell DUE TO front of about 2913 Market St. around 12:55 am Dec 26 1950		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ood Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) Accident HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St Louis		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo Mo 8124	
21d. TIME OF INJURY Dec 26 50 12:58 A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 25	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:58 A.M., from the causes and on the date stated above.

22a. SIGNATURE Patrick E Taylor Currier 3		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 12-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-50		24c. NAME OF CEMETERY OR CREMATORY Askew Cemetery	
24d. LOCATION (City, town, or county) (State) Starkville, Mississippi		25. LOCAL DIRECTOR'S SIGNATURE J. B. Foster		ADDRESS 1221 N. Grand Blvd.	

DEC 29 1950

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 Clarence Crocus

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.