

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42405**
10335
Registrar's No.

FILED DEC 18 1950

REG. DIST. NO. **318** PRIMARY REG. DIST. **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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillips Hospital		STREET ADDRESS (If rural, give location) 3227 a Lucas	
3. NAME OF DECEASED a. (First) Charles (Type or Print)		b. (Middle) Hurd c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 1 1950		5. SEX Male 6. COLOR OR RACE Colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Oct. 13, 1881	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	
11. BIRTHPLACE (State or foreign country) Miss		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Charlie Hurd		13b. MOTHER'S MAIDEN NAME Caroline Johnson	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucy Brooks, Daughter, 3227 Lucas	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES DUE TO (b) Congestive Heart Failure DUE TO (c) Pulmonary Tuberculosis, far advanced 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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200 AX		22. I hereby certify that I attended the deceased from 11-17, 1950 , to 12-1, 1950 , that I last saw the deceased alive on 12-1, 1950 , and that death occurred at 6:50a m., from the causes and on the date stated above.	
23a. SIGNATURE Loren W Harris (Degree or title) M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 12-2-50		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE Dec. 6 - 1950		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. C. Green 4214 Delmar	
DATE REC'D BY LOCAL REG. DEC 5 1950		REGISTRAR'S SIGNATURE J. Blanton	

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Handwritten text, possibly a signature or name, written upside down.

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

working under my personal supervision.

Student Embalmer No. *408*

Signed *Christal E. Lewis*
Student Embalmer

Signed *J. A. Heen*

Licensed Embalmer No. *2963*

P. O. Address *4214 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.