

FILED JAN 26 1951

STANDARD CERTIFICATE OF DEATH

State File No.

2590

309

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 MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS MO		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				d. STREET ADDRESS (If rural, give location) 1827 S. 14th ST.			
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL		b. (Middle) -		c. (Last) HARPER		4. DATE OF DEATH (Month) (Day) (Year) JAN. 10 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH OCT. 13 1881	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____		IF UNDER 12 HRS. Days _____		IF UNDER 1 HRS. House _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WORKER		10b. KIND OF BUSINESS OR INDUSTRY CITY HOSPITAL		11. BIRTHPLACE (State or foreign country) LA GRANGE MO		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME HERMAN HARPER			13b. MOTHER'S MAIDEN NAME HANNAH SCHNEIDER			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. GRACE SEVERIN 3001 CALIFORNIA			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) In skull. Brain injury when he fell to the street				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) at Jefferson and Lafayette Ave. Van Jan 7 1951				DUE TO (c) 1245 and	
		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 Acute				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO 235			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 7 51 9 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6-7-51			
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 8:27 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. ...				23b. ADDRESS 1500 Clark		23c. DATE SIGNED 1/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 14 1951		24c. NAME OF CEMETERY OR CREMATORY VALLEY OF PEACE CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS QUINCY ILL.	
DATE REC'D BY LOCAL REG. JAN 12 1951		REGISTRAR'S SIGNATURE J. B. Lanter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Rutis 2906 Gravois			

/(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

Geo J. Budge

Signed

Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo*

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.