

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2592

BIRTH NO. 18796-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 591

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>	
		d. STREET ADDRESS (If rural, give location) <i>3110^A Clark</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Freddie</i> b. (Middle) c. (Last) <i>Harris</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 18 1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Cal</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>()</i>	8. DATE OF BIRTH <i>Oct 9 - 1950</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min. <i>3</i>
11. BIRTHPLACE (State or foreign country) <i>St Louis MO</i>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <i>Elijah Harris</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Huckleby</i>	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 ADDRESS <i>Mary Huckleby 3110^A Clark</i>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Infectious Diarrhea and Upper Respiratory Infection</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <i>Undetermined</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<i>Possible Subdural Hematoma</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <i>571.0</i>

22. I hereby certify that I attended the deceased from *1-6*, 19 *51*, to *1-18*, 19 *51*, that I last saw the deceased alive on *1-18*, 1951, and that death occurred at *1:30P m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John Lester</i>	(Degree or title) <i>M. D. 0</i>	23b. ADDRESS <i>2601 N Whittier St</i>	23c. DATE SIGNED <i>1-19-51</i>
--------------------------------------	-------------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>1-20-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis, Mo.</i>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <i>JAN 20 1951</i>	REGISTRAR'S SIGNATURE <i>J B Lester</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>A P Richardson</i>	ADDRESS <i>2625 Olive</i>
--	--	---	------------------------------

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

R 1

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

W. Richardson

Signed.....

Student Embalmer

Licensed Embalmer No. *2928*

P. O. Address *2675 Glasgow*

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.