

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2596
Registrar's No. 305

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 305					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis							
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 Des Peres 4750							
d. FULL NAME OF HOSPITAL OR INSTITUTION: Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 1157 Harwood Rd. 1							
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) CHARLES c. (Last) HARWOOD			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1951								
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Jan. 17, 1878					
				9. AGE (In years last birthday) 72		10. MONTHS 11					
						11. DAYS 22					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Dairy Business		11. BIRTHPLACE (State or foreign country) Des Peres, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Charles J. Harwood			13b. MOTHER'S MAIDEN NAME Virginia Bock			14. NAME OF HUSBAND OR WIFE Cloe Harwood					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Chas. Harwood, 1165 Harwood Rd. St. Louis 22							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION							
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure (Congestive)				INTERVAL BETWEEN ONSET AND DEATH one week			
				ANTECEDENT CAUSES							
				DUE TO (b) Hypertensive Cardiovascular Renal Disease				?			
				DUE TO (c) Generalized Arteriosclerosis				?			
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									
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H H 2 X							
22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Jan. 9, 1951, that I last saw the deceased alive on Jan. 8, 1951, and that death occurred at 6:15 A.M., from the causes and on the date stated above.											
23a. SIGNATURE Clarence C. Mueller, M.D. (Degree or title)				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 1-10-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1		24b. DATE Jan. 12, 1951		24c. NAME OF CEMETERY OR CREMATORY Des Peres Pres. Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 1-2 1951 J. B. Parater		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc., Kirkwood, Mo.		ADDRESS							

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

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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.....
Student Embalmer

Signed Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 m

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.