

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6171

FILED FEB 23 1951

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State File No. 1441
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 1441		Registrar's No. 1003					
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. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS (If rural, give location) 4223 Oregon									
3. NAME OF DECEASED (Type or Print) Edgar			a. (First)			b. (Middle)			c. (Last) Harriman				
4. DATE OF DEATH			Month			Day			Year				
Feb. 10			1951										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 8 1891		9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 100 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Tennessee				12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Harriman				13b. MOTHER'S MAIDEN NAME Not Known				14. NAME OF HUSBAND OR WIFE Lilly Harriman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME John E. Harriman				ADDRESS 6632 Thurston	
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 1 week 1 week	
19a. DATE OF OPERATION Jan 30, 1951				19b. MAJOR FINDINGS OF OPERATION No findings								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) MO MO					
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?					
22. I hereby certify that I attended the deceased from Jan 30, 1951, to Feb 10, 1951, that I last saw the deceased alive on Feb 10, 1951, and that death occurred at 2:35 p.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Burton H. Taylor No. 0				23b. ADDRESS St. Luke's Hosp., St. Louis, Mo.				23c. DATE SIGNED 2-12-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-14-51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) Deoto Mo.					
DATE REC'D BY LOCAL REG. FEB 10 1951				REGISTRAR'S SIGNATURE J. B. Suter				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec					

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

R05610

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 _____

Jack Haupt

Signed.....
Student Embalmer

Licensed Embalmer No. 7746

P. O. Address. H Davis

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.