

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6172

FILED MAR 2 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1512

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
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 Hillsboro 05001	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.			

3. NAME OF DECEASED (Type or Print) EDWARD HARRINGTON			4. DATE OF DEATH (Month) (Day) (Year) February 12-1951		
a. (First)		b. (Middle)		c. (Last)	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH alt 78	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Conductor		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME Tom Harrington		13b. MOTHER'S MAIDEN NAME Lucy Blanchard		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) W		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS NINA CRACRAFT JACKSON, MO	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis with anemia.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) Arteriosclerotic kidneys 2 years			
DUE TO (c) Generalized arteriosclerosis 2 years + cerebral arteriosclerosis with dementia			
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 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? HHTX	

22. I hereby certify that I attended the deceased from June 1950, to Feb 12, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 8:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.		23b. ADDRESS Desoto, Mo		23c. DATE SIGNED 2-13-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-14-51		24c. NAME OF CEMETERY OR CREMATORY Mount Olive - St. Louis County Mo		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. FEB 14 1951		REGISTRAR'S SIGNATURE J B Proster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2301 Lafayette	
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(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

H. G. Farris

Signed.....
Student Embalmer

Licensed Embalmer No.

3384

P. O. Address

St. Louis

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.