

No. 300
10/48

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6957

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3068		Registrar's No. 383			
1. PLACE OF DEATH a. COUNTY St. Louis				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 Maplewood		c. LENGTH OF STAY (In this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		45 1/4			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7233 Sarah				d. STREET ADDRESS (If rural, give location) 7233 Sarah					
3. NAME OF DECEASED (Type or Print) Amelia M. Harry			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2-8-1951			
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11-2-1880			
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 3		IF UNDER 1 YEAR Days 6		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hardin, Ill. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Zachary Williams			13b. MOTHER'S MAIDEN NAME Amelia Wilson			14. NAME OF HUSBAND OR WIFE Milton R. Harry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Margaret Hunt, above					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis						INTERVAL BETWEEN ONSET AND 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)		443 X			
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?					
22. I hereby certify that I attended the deceased from Feb 8, 1951, to Feb 8, 1951, that I last saw the deceased alive on Feb 8, 1951, and that death occurred at 7:45 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Horton E. Dilmond M.D.				23b. ADDRESS 7346 Maple Charter Maplewood, Mo.		23c. DATE SIGNED 2-9-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-10-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. 2-10-51		REGISTRAR'S SIGNATURE Herbert R. Dombek M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, Maplewood 17, Mo.					

RWE (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.....

A. J. Burgess

Signed.....

Student Embalmer

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.