

FILED JUL 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24689

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6153

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Bernard Nursing Home**

2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission).
 a. STATE **ALABAMA**
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **FLORENCE**
 d. STREET ADDRESS (If rural, give location) **unknown**

3. NAME OF DECEASED a. (First) **ANNE** b. (Middle) **EADS** c. (Last) **HARRISON.** **4. DATE OF DEATH** (Month) (Day) (Year) **July 8 1951**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Widowed** **8. DATE OF BIRTH** **Feb. 8 1862** **9. AGE (In years last birthday)** **89** **IF UNDER 1 YEAR** (Months) (Days) **IF UNDER 24 HRS.** (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **at home** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE (State or foreign country)** **Carrollton, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Wm. Martin Eads.** **13b. MOTHER'S MAIDEN NAME** **Mary Blackwell** **14. NAME OF HUSBAND OR WIFE** **John W. Harrison**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **none** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. J.B. Hardway** **ADDRESS** **St. Louis, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Embolism** **INTERVAL BETWEEN ONSET AND DEATH** **1 hr**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Coronary Artery Dis** **year**
DUE TO (b) **Generalized arteriosclerosis** **year**
DUE TO (c)
 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 NO

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** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** **H201**

22. I hereby certify that I attended the deceased from Feb 1951, to July 8, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 4:55P m., from the causes and on the date stated above.

23a. SIGNATURE **Wm. F. Beam** (Degree or title) **23b. ADDRESS** **3720 Washington St. St. Louis** **23c. DATE SIGNED** **7/5/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **7-10-1951** **24c. NAME OF CEMETERY OR CREMATORY** _____ **24d. LOCATION (City, town, or county) (State)** **Carrollton, Missouri**

DATE FILED BY LOCAL REGISTRAR **JUL 10 1951** **REGISTRAR'S SIGNATURE** **J. B. Lanster** **25. FUNERAL DIRECTOR'S SIGNATURE** **C.R. Lupton & Sons** **ADDRESS** **7233 Delmar Blvd.**

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *405-2*

P. O. Address *St. Louis, Mo.*

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.