

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31536**  
Registrar's No. **8309**

FILED OCT 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>TOWN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <span style="float: right;">2119</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4606 Cottage Ave</b>		d. STREET ADDRESS (If rural, give location) <b>4606 Cottage Ave</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Sam</b>	b. (Middle)	c. (Last) <b>Harvery</b>	(Month) <b>Sept</b>	(Day) <b>17</b>	(Year) <b>1951</b>

5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>ool</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>July 20, 1900</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Turking Hauling</b>		11. BIRTHPLACE (State or foreign country) <b>Mississippi /</b>		12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>		

13a. FATHER'S NAME <b>John Harvery</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Stith</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>491 12*7661</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Rose Harvery</b>	
				ADDRESS <b>4606 Cottage Ave</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Encephalitis</b> 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 <input checked="" type="checkbox"/> NO <input 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 <b>343X</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:40 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>9/18/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 0</b>		24b. DATE <b>9/22/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	

DATE REC'D BY LOCAL REG <b>SEP 20 1951</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J SMITH</b>	
				ADDRESS <b>\$ #4247/w Labadie ave</b>	

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.....

*John Cunningham*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4109 Finney

**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.