

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44167

State File No. 11138

FILED FEB 8 1952

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>4870</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jennas</u>		d. STREET ADDRESS (If rural, give location) <u>613 Deane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Hosp.</u>				3. NAME OF DECEASED a. (First) <u>Elmer</u> b. (Middle) <u>Harbin</u> c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14 1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Dec 14 1882</u>		9. AGE (In years last birthday) <u>69</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret.</u>	
11. BIRTHPLACE (State or foreign country) <u>Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James Harbin</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Harbin</u>	
14. NAME OF HUSBAND OR WIFE <u>Charlotte Harbin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Charlotte Harbin</u> ADDRESS <u>613 Deane Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Anterior MI</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterior MI</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial infarction</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HSD</u>		22. I hereby certify that I attended the deceased from <u>Nov. 24, 1951</u> , to <u>Dec 14, 1951</u> , that I last saw the deceased alive on <u>Dec 14, 1951</u> , and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ray E. Ruppel M.D.</u>		23b. ADDRESS <u>7702 Ivy Ave</u>		23c. DATE SIGNED <u>12/15/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>Dec 17/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Jennas MO</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>DEC 17 1951</u>	
24e. FUNERAL DIRECTOR'S SIGNATURE <u>Pauline Ruppel</u>		24f. ADDRESS <u>7420 Mich. St.</u>		(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 _____

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.