

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6443**

FILED FEB 27 1952
39 387

REGISTRAR'S No. **1078**

BIRTH NO. 39 387		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S No. 1078			
1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY None					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				d. STREET ADDRESS (If rural, give location) 3505 Franklin Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Evelyn			b. (Middle)			c. (Last) HARRIS			
4. DATE OF DEATH Feb. 1st, 1952			5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		
8. DATE OF BIRTH May 21, 1951			9. AGE (In years last birthday) 8		10. MONTHS 10		11. IF UNDER 1 YEAR Days 10		
12. IF UNDER 24 Hrs. Hours 10			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME John Harris		13b. MOTHER'S MAIDEN NAME Ruth F. Hart		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) No			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME John Harris, 3505 Franklin Avenue				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning				following burn of body and inhalation of smoke in fire at home 3505 Franklin Ave outbreak 9:10 am Jan 31 1952					
ANTECEDENT CAUSES				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				Accident	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION see			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP, (COUNTY) (STATE) St. Louis Mo					
21d. TIME OF INJURY Jan 31 52 9:10 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 9160-16					
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 905A am, from the causes and on the date stated above.									
23a. SIGNATURE Patrick E. Taylor (Degree or title) Cor				23b. ADDRESS 1300 Clark Avenue			23c. DATE SIGNED 2.4.52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/5/52		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 4 1952			REGISTRAR'S SIGNATURE Carl Smith, M.D., P.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros., Und. Co., 3644 Finney			

(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.....

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4109 Finney Avenue

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.