

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6446
State File No. 1167

FILED FEB 27 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>---</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3746, Cook Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer Phillips Hosp</u>		11. BIRTHPLACE (State or foreign country) <u>Russellville Alabama</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walker</u> b. (Middle) <u>Slater</u> c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 3rd - 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 22 1905</u>
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>II</u> Days <u>II</u>	IF UNDER 24 HRS. Hours <u>II</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RR Pulman Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RR Pulman Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Henderson Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Lee</u>	14. NAME OF HUSBAND OR WIFE <u>Alberta. Harris</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms Alberta Harris 282I, A Dickson. ST</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>LC of skull; Subdural hemorrhage suffered when struck by car operated by Richard Blome at 21st and Market Streets around 1:53 am Feb 3 1952</u> INTERVAL BETWEEN ONSET AND DEATH <u>100 Accident.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo.</u>	
21d. TIME OF INJURY <u>Feb 3 52 1A 59</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>28124-25</u>			
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>4:43 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter Perry Deputy Coroner 3</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>2/5/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/8/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>ST. Louis Missouri</u>
DATE REC'D BY LOCAL REG. <u>FEB 6 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl Harris 2829, Washington Blvd</u>	

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 H. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Alde

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.