

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14336

State File No.

FILED MAY 3- 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 3586

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercantile Commerce Bldg. Locust</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>22nd OR TOWN MAPLEWOOD 4524</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> b. (Middle) <u>C.</u> c. (Last) <u>HARPER SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 15, 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-27-1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Postal Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. MAIL</u>	9. AGE (In years last birthday) <u>39</u>
11. BIRTHPLACE (State or foreign country) <u>VERSAILLES INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN HARPER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNABELLE PRYOR</u>	
14. NAME OF HUSBAND OR WIFE <u>EVALYN E FREEMAN</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>491-34-0517</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS EVALYN HARPER 2514 OAKLAND MAPLEWOOD</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Atorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>_____</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>several years</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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>	
22. I hereby certify that I attended the deceased from <u>May 1947</u> , to <u>4/15, 1952</u> , that I last saw the deceased alive on <u>11/24, 1951</u> , and that death occurred at <u>4:09 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas C. Birdsa</u> (Type or Print) THOS C. BIRDSA (Type or Print)		23b. ADDRESS <u>4660 Maplewood Ave</u>	
23c. DATE SIGNED <u>4/16/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-18-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MITTELBERG FUNERAL HOME</u>	
DATE REC'D BY LOCAL REG. <u>APR 16 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, MD</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

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 J. Haines*

Licensed Embalmer No. *4108*

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.