

STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 25 1952

No. 300
10-48

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3141**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1828 N Whittier St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosie L</u> b. (Middle) <u>Lee</u> c. (Last) <u>Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-7-1921</u>	9. AGE (In years last birthday) <u>30</u>	# UNDER 1 YEAR <u>11</u> Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Pine Bluff, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US A</u>

13a. FATHER'S NAME <u>Willie E. Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Rosetta Rodgers</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Mae Harris</u> ADDRESS <u>1828 N. Whittier</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, 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) <u>Cerebral Thrombosis</u>		<u>5 months</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Undetermined</u>		<u>Undet.</u>
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 type="checkbox"/> NO <input checked="" 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 <u>332X</u>

22. I hereby certify that I attended the deceased from 10-27, 1951, to 4-1, 1952, that I last saw the deceased alive on 4-1, 1952, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Larue W Harris, D.O.</u>	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>4-1-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>

DATE RECD BY LOCAL REG. <u>APR 3 1952</u>	REGISTRAR'S SIGNATURE <u>J. Cash</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Funeral Home, Inc.</u> ADDRESS <u>2820 Stoddard</u>
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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

James A. Carter

Licensed Embalmer No. 4481

P. O. Address 4923 Suburban

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.