

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): <u>St. Charles</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): <u>Overland</u>	
c. LENGTH OF STAY (in this place): <u>30A</u>		d. STREET ADDRESS (If rural, give location): <u>2902 Walton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) _____ c. (Last) <u>Harvey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 22, 1878</u>		9. AGE (In years last birthday) <u>73</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Granite Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.F.G.R.</u>			

13a. FATHER'S NAME <u>William Harvey</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Graham Harvey</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>494-03-2970</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robert Yost</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Cardiac Muscular and Nerve</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary thrombosis</u>		Interval between onset and death <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	
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?	

22. I hereby certify that I attended the deceased from 9/3, 1949, to 6/3, 1952, that I last saw the deceased alive on 6/3, 1952, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter C. Gray</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>5938 St. Charles Road, St. Louis 14 Mo</u>		23c. DATE SIGNED <u>6/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Ceme.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>6-4-52</u>		REGISTRAR'S SIGNATURE <u>Francis H. ...</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ortman Funeral Home 9222 Lackland</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Al. C. Ostmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

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.