

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22095

FILED JUN 21 1952

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State File No.

Registrar's No. 4777

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. 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>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY 4336</u>		d. STREET ADDRESS (If rural, give location) <u>608 KINGSLAND 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. BAPTIST-HOSP.</u>			3. NAME OF DECEASED a. (First) <u>GAYNELLE</u> b. (Middle) <u>HARRAL</u> c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>5 23 52</u>			5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>			
8. DATE OF BIRTH <u>3-29-1886</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>WM. H. HARRISON</u>			
13b. MOTHER'S MAIDEN NAME <u>MARTHA-KETNER</u>			14. NAME OF HUSBAND OR WIFE <u>WALTER HARRAL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GLADYS-WARRING-608 KINGSLAND</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* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</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>			INTERVAL BETWEEN ONSET AND 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4222</u>		
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>May 23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 22</u> , 19 <u>52</u> , and that death occurred at <u>5 a.</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Frank L. Davis M.D.</u>			23b. ADDRESS <u>University Club Bldg.</u>		23c. DATE SIGNED <u>5/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>5-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA-CREMATORY</u>		
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>		DATE REC'D BY LOCAL REG. _____				
REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH 7456 MANCHESTER MAPLEWOOD MO.</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

1917. 3 1872

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.....

Licensed Embalmer No. 1029

P. O. Address Maplewood

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.