

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30395**

XC 4 272 760

REG. # 104597 - 1952
FILED SEP 9 - 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2272

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 10 HOURS	
c. CITY (If outside corporate limits, write RURAL and give township) GRANITE CITY		8120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If rural, give location) 2505 EDISON AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) B.	
c. (Last) HARRIS, Jr.		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 30, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH APRIL 19, 1911
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPORTER		10b. KIND OF BUSINESS OR INDUSTRY NEWSPAPER	11. BIRTHPLACE (City and State or Foreign Country) GRANITE CITY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN B. HARRIS	
13b. MOTHER'S MAIDEN NAME GRACE GROTE		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) YES WW-II		16. SOCIAL SECURITY NO. 327033162	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI		ADDRESS	
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) X-RAY SUBLUXATION CERVICAL SPINE COMPLETE PARALYSIS BELOW C-4 ANTECEDENT CAUSES (b) TRAUMA Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)	
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH APPROX. 16 HRS.	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 812	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE ACCIDENT	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) E. ST. LOUIS, ST. CLAIR ILL.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-29-52 MIDNIGHT		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? AUTOMOBILE ACCIDENT.		22. I hereby certify that I attended the deceased from 8-30-52 10 to 8-30-52 , at the residence of the deceased , and that death occurred at 2:20P. m. , from the causes and on the date stated above.	
23a. SIGNATURE Robert Magallon		(Degree or title) M.D.	
23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.		23c. DATE SIGNED 8-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		24b. DATE AUG. 30, 1952	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) MADISON Co. ILLINOIS	
DATE REC'D BY LOCAL REG. 9-2-52		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE W. J. Redlack		ADDRESS GRANITE CITY	

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 L. Sedlak

Licensed Embalmer No. *3747*

P. O. Address *Madison, Ill.*

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.