

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33007**  
Registrar's No. **8657**

FILED OCT 1 1952  
BIRTH NO. **71974** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Highland</b>	
c. LENGTH OF STAY (in this place) <b>6 hr 30 min</b>		d. STREET ADDRESS (If rural, give location) <b>806 8th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Louis Maternity</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby</b> b. (Middle) <b>Harris</b> c. (Last) <b>Harris</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 13 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>Sept 12 1952</b>		9. AGE (in years last birthday)		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		IF UNDER 1 YEAR Hours Min.		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>none</b>					

13a. FATHER'S NAME <b>Roland Paul Harris</b>		13b. MOTHER'S MAIDEN NAME <b>Lorna Rose Pitt</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Roland &amp; Lorna Harris 806 Eighth St.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Highland, Ill.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity, Incompatible Life</b>		DUE TO (b) <b>Partial Premature Separation of Placenta</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>None</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>None</b>			

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? <b>7615</b>		

22. I hereby certify that I attended the deceased from **Sept 12, 1952**, to **Sept 13, 1952**, that I last saw the deceased alive on **Sept 13, 1952**, and that death occurred at **5:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		(Degree or title)		23b. ADDRESS <b>8505 Delmar Blvd</b>		23c. DATE SIGNED <b>9-13-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-13-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland, Ill.</b>		24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <b>SEP 15 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Tibbetts Funeral Home, Highland, Ill.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_  
No Embalmer

Licensed Embalmer No. \_\_\_\_\_

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.