

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41055**

FILED DEC 6 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>3025</u>		
1. PLACE OF DEATH a. COUNTY <u>Saint-Louis</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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkeley</u>		c. LENGTH OF STAY (In this place) <u>2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkeley</u>		d. STREET ADDRESS (If rural, give location) <u>5812 Garfield</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5812 Garfield</u>				d. STREET ADDRESS <u>5812 Garfield</u>				
3. NAME OF DECEASED (Type or Print) <u>P R I C I L L A</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>H A R P E R</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>27 Feb 1950</u>		
9. AGE (In years last birthday) <u>2</u>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 1 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never employed</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Willie Harper</u>			13b. MOTHER'S MAIDEN NAME <u>Shirley Robinson</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Betty Harper, Kinloch, Mo.</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								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon monoxide poisoning-</u> <u>caused by fire of unknown origin,</u> <u>which destroyed the home while</u> <u>this child was asleep.</u>								
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9160</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>16</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>400</u> (STATE) <u>Berkeley City St. Louis Mo.</u>				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>11/23/52 11:15 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Home caught on fire while children were sleeping</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ernest J. Williams</u> Coroner				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>11/29/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>26 Nov 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>Berkeley, Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-25-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyd Bros, Kinloch, Mo.</u>			

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

4001

40910

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.

Arterial embalming not possible

Student
Student Embalmer

Signed Edmond A. Flynn

4444

Licensed Embalmer No. _____

P. O. Address 4548a Page, St. Louis

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.