

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44868**  
Registrar's No. **12059**

FILED JAN 26 1953		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis-MO</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2119</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4316 Cote Brillante Ave</b>		d. STREET ADDRESS (If rural, give location) <b>4316 Cote Brillante Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bennie</b>		b. (Middle)		c. (Last) <b>Harris</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>December 27 1952</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>June 23 1905</b>		9. AGE (In years last birthday) <b>47</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hospital Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital Porter</b>		11. BIRTHPLACE (State or foreign country) <b>Huntville Alabama</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>		13a. FATHER'S NAME <b>Charle Harris</b>		13b. MOTHER'S MAIDEN NAME <b>Cellie Humphry</b>	
14. NAME OF HUSBAND OR WIFE		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.	
17. INFORMANT'S SIGNATURE OR NAME <b>Charle Harris</b>		ADDRESS <b>4261 E. Ashland Ave</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Lobar Pneumonia</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>E</b>		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>490X</b>	
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 <b>2:10 P.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Patrick E. Taylor Coroner</b>		(Degree or title)		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>12.30.52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/30/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Huntville Alabama</b>		24d. LOCATION (City, town, or county) (State) <b>Huntville Alabama</b>			
DATE REC'D BY LOCAL REG. <b>DEC 30 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman J. Smith</b>	
				ADDRESS <b>4247/w Labadie Ave</b>	

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.....

*Lawrence C. Madson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4341*

P. O. Address *St. Louis Mo.*

**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.