

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

907

State File No.

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Franklin</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>Sullivan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u> <u>4631</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lindsley Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>9314 Manchester Road</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Harris</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>16</u> <u>1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>7</u>	8. DATE OF BIRTH <u>6/27/1863</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	9. AGE (In years last birthday) <u>89</u> <u>7</u> <u>19</u> <u>19</u>
11a. BIRTHPLACE (State or foreign country) <u>Bromley Kent England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Cressman</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Charles Bowen Bourbon Missouri</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>Cerebrally returned</u> INTERVAL BETWEEN ONSET AND DEATH <u>None</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) <u>154X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility and arteriosclerosis</u> <u>years</u>	
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1/14/53</u> , 19 <u>53</u> , to <u>1/16/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/16/53</u> , 19 <u>53</u> , and that death occurred at <u>12.26Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. F. Andrus</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>M. D. Sullivan Mo</u>	23c. DATE SIGNED <u>1-16-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-17-53</u>	REGISTRAR'S SIGNATURE <u>C. A. Bractor</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary 6633 Clayton Rd</u>	

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JAN 26 1953

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

JAN 21 1954

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

Ernest W. Killard

Licensed Embalmer No. *14080*

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.