

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3188**  
**0437**

FILED JAN 28 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>6 yrs. 2 mos.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmiry Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3 3519 a McCausland Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>		b. (Middle) <b>A.</b>		c. (Last) <b>HARRISON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 14 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>9/22/1875</b>	
9. AGE (In years last birthday) <b>77</b>		10. MONTHS <b>7</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter For Mr Thuro</b>				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <b>Thomas Harrison</b>			13b. MOTHER'S MAIDEN NAME <b>Alvina Scheske</b>			14. NAME OF HUSBAND OR WIFE <b>Widower</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>493-07-6545a</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>City Infirmiry 5800 Arsenal St.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  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.				INTERVAL BETWEEN ONSET AND DEATH <b>years</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) (M.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>11/7</b> , 19 <b>46</b> , to <b>1/14</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Jan. 14</b> , 19 <b>53</b> , and that death occurred at <b>12:30A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Henry Osker M.D.</b>				23b. ADDRESS <b>5600 Arsenal St.</b>		23c. DATE SIGNED <b>1/14/53</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>I/16/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>JAN 15 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. schumacher 3013 eramec</b>			

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: *Jack Hough*  
Licensed Embalmer No. 4740

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.