

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4298**

FILED FEB 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>364</u>	
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>Sappington</b>		c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sappington</b>		<b>4830</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9638 Gollop Lane</b>				d. STREET ADDRESS (If rural, give location) <b>9638 Gollop Lane</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>May</b> c. (Last) <b>Harris</b>			4. DATE OF DEATH <b>Jan 30, 1953</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug 28, 1885</b>	
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 4 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Tom Earls</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Lair</b>		14. NAME OF HUSBAND OR WIFE <b>John Harris</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>Nil</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Harris</b> ADDRESS <b>9638 Gollop Lane</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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of eye with</b> ANTECEDENT CAUSES <b>Generalized metastasis</b> DUE TO (b) <b>192X</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> 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 <b>year</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) _____		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 <b>Nov. 26, 1952</b> to <b>Jan 30, 1953</b> , that I last saw the deceased alive on <b>Jan. 30, 1953</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Edward W. Westrup, M.D.</b> (Degree or title)				23b. ADDRESS <b>204 E. Big Bend</b>		23c. DATE SIGNED <b>1-30-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-30-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City</b>		24d. LOCATION (City, town, or county) (State) <b>Steelville, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>1-30-53</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donk</b>		P. H. 25. FUNERAL DIRECTOR'S SIGNATURE <b>M. Halbert H. Huppe</b> ADDRESS <b>4700 Washington</b>			

(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 Robert M. Murray

Licensed Embalmer No. 3749

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.