

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH15767  
State File No. 3691

FILED APR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1335 B Glasgow Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. Homer G. Phillips Hospital</b>			
3. NAME OF DECEASED (Type or Print) <b>HARRISON</b>		4. DATE OF DEATH <b>April 3 1953</b>	
a. (First)		b. (Middle) <b>HARBOR</b>	
c. (Last)		5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>March 1, 1893</b>		9. AGE (In years last birthday) <b>60</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steamboat</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Savannah, Tenn</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Harbor</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Wheeler</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>	
16. SOCIAL SECURITY NO. <b>489-14-4479</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Redmond</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		ADDRESS <b>906 North Main St Memphis, Tenn</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1. Edema of brain</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>2. Cardiac Hypertrophy</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4343</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>6:25 a.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Natuek E. Taylor</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>1300 Clark Avenue</b>	
23c. DATE SIGNED <b>4/8/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>4-10-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>National</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Brks, St. Louis, Co</b>	
DATE REC'D BY LOCAL REG. <b>APR 8 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J.H. Randle &amp; Son</b>		ADDRESS <b>3133 Bell Ave MO</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 S J Watson

Licensed Embalmer No. 269 J

P. O. Address 2719 Charlotte

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.