

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22867

State File No.

FILED JUL 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5890

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>21 2917 Thomas 2219</u>			
3. NAME OF DECEASED (Type or Print) <u>Edward</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1953</u>				
5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 10, 1921</u>	9. AGE (In years) (Months) (Days) (Year) <u>32 2 28</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbus, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Jesse Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Irena Harris</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>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Davis</u> ADDRESS <u>2908 Thomas</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>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease with congestive failure</u> 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 <u>Undet.</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) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>443X</u>				
22. I hereby certify that I attended the deceased from <u>6-1</u> , 19 <u>53</u> , to <u>6-7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-7</u> , 19 <u>53</u> , and that death occurred at <u>7:30p</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Edw G Williams M.D.</u> (Degree or title)		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>6-8-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 14, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>JUN 13 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Korneel</u> ADDRESS <u>1221 N. Grand</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Christal E Lewis*

Licensed Embalmer No. *487*

P. O. Address *1221 N. A*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.