

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22868

State File No.

FILED JUN 24 1953

Registrar's No. 5789

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital
e. STREET ADDRESS (If rural, give location) 3153 a Bell 22190

3. NAME OF DECEASED a. (First) Freda b. (Middle) Lydia c. (Last) Harris
4. DATE OF DEATH (Month) (Day) (Year) June 7 1953

5. SEX Female 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH October 16, 1906
9. AGE (In years last birthday) 46 IF UNDER 1 YEAR Months 7 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Lawrence, Mo. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Louis Stacks 13b. MOTHER'S MAIDEN NAME Mary Taylor 14. NAME OF HUSBAND OR WIFE Johnnie Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Kendall 3153 Bell Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis
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 Undet.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____ 592X

22. I hereby certify that I attended the deceased from 4-16, 1953, to 6-7, 1953, that I last saw the deceased alive on 6-7, 1953, and that death occurred at 12:10pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. B. Williams M. D. 23b. ADDRESS 2601 N Whittier St 23c. DATE SIGNED 6-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE June 12, 1953 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JUN 11 1953 REGISTRAR'S SIGNATURE J. Earl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave.

(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.....
Signature of Student Embalmer

Signed *Cocher N. Harris*

Licensed Embalmer No. *440*

P. O. Address *418 7th*

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.