

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33363**  
Registrar's No. **8068**

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY OR TOWN <b>St. Louis, Mo.</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute To City Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY OR TOWN <b>St. Louis, Mo.</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>2229 22 1805 LaSalle</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Ella</b> a. (First) _____ b. (Middle) _____ c. (Last) <b>Harvell</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>August 17, 1953</b>	
<b>5. SEX</b> <b>Female</b> <b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	
<b>8. DATE OF BIRTH</b> <b>12-17-1870</b>		<b>9. AGE</b> (In years last birthday) <b>82</b> IF UNDER 1 YEAR <b>8</b> Days IF UNDER 24 HRS. _____ Hours _____ Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Arkansas</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Unk. Huffman</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unk.</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) _____	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Amel A. Ballew, 1805 Lasalle, St. Louis, Mo.</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Chronic Myocarditis</b> <b>ANTECEDENT CAUSES</b> <b>Arterio Sclerosis</b> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>4221</b>			
<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>8:45 P.</b> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Patrick L. Taylor Coroner</b> (Degree or title) _____		<b>23b. ADDRESS</b> <b>1300 Clark</b>	
<b>23c. DATE SIGNED</b> <b>8. 19. 53</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) _____		<b>24b. DATE</b> <b>8-20-1953</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Hope Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>AUG 19 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith M.D.</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>McLaughlin's, 2301 Lafayette, St. Louis, Mo.</b>		<b>ADDRESS</b> _____	

---

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.....

*H. Y. Farris*

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.