

STANDARD CERTIFICATE OF DEATH

State File No. **40563**
Registrar's No. **10525**

FILED NOV 24 1953

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

I. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo.

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 (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION 3220 A, Easton Ave.

d. STREET ADDRESS (If rural, give location) 3220 A, Easton Ave.

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)

Charlie

Harvey Jr.

Nov. 3, 1953

5. SEX

Male

6. COLOR OR RACE

Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1905

9. AGE (in years last birthday)

48

IF UNDER 1 YEAR Months Days

IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Brandon, Miss, /

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME

Charlie Harvey Sr.

13b. MOTHER'S MAIDEN NAME

Malton ?

14. NAME OF HUSBAND OR WIFE

Pearl Harvey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, I #10. W. I.

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Harvey 3220 A, Easton Ave.

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

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?

177X

22. I hereby certify that I attended the deceased from 9-4-53, 1953 to 11-3-53, 1953 that I last saw the deceased alive on 11-3, 1953, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. NOV 6 1953

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Wright Funeral Home 3100 Easton Ave.

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Alder

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.