

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41523
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2857

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 4713</u>	
c. LENGTH OF STAY (in this place) <u>30 year</u>		d. STREET ADDRESS (If rural, give location) <u>218 Midway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>218 Midway Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROSAMOYND</u>	b. (Middle) <u>C.</u>	c. (Last) <u>HARRISON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 10, 1882</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR (Months) (Days) <u>8 25</u>	11. UNDER 24 Hrs. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Ande</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Simpson</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas F. Harrison</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thos. F. Harrison</u>	ADDRESS <u>218 Midway</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-vascular disease</u>		
	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. <u>Diabetes mellitus</u>		6 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/29 ¹⁹⁴⁷ to 11/5 ¹⁹⁵³, that I last saw the deceased alive on 10/29, 1953, and that death occurred at 8-9 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Stoeckle</u> (Degree or title)	23b. ADDRESS <u>102 W. Adams, Kirkwood</u>	23c. DATE SIGNED <u>11/5/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>11/6/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/6/53</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Stankewitz</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>H. Popp, Jr.</u>	ADDRESS <u>Kirkwood Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Revised Embelmer'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
Student Embalmer

Signed *W. Durand*

licensed Embalmer No. *3034*

P. O. Address *156 Greenwood St.*

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.