

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44241

State File No.
11817

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Webster Groves d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 1 Year		e. STREET ADDRESS (If rural, give location) 212 Bristol Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) D c. (Last) HARRIS			4. DATE OF DEATH (Month) (Day) (Year) 12-15-1953		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 5-28-1870		9. AGE (In years last birthday) 83		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) Contractor		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Nova Scotia	
12. CITIZEN OF WHAT COUNTRY? Canada					

13a. FATHER'S NAME Jacob Harris		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Katherine Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Harris 212 Bristol Rd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* 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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of prostate		2-3 yrs -	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION A		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X	

22. I hereby certify that I attended the deceased from 12/23, 1952 to 12/15, 1953, that I last saw the deceased alive on 12/14, 1953, and that death occurred at 6:28 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas W. Parker M.D.		23b. ADDRESS St. Louis, Mo. 4660 Maryland		23c. DATE SIGNED 12/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 12-15-1953		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			

DATE REC'D BY LOCAL REG. DEC 15 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home, Webster Groves Mo.	
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WRITE PLAINLY—USING UNEADING 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 NO Embalming Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie Welch.....
Licensed Embalmer No. 4395
P. O. Address Robster Grove

**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.**