

STANDARD CERTIFICATE OF DEATH

State File No. **45342**
Registrar's No. **12290**

FILED JAN 19 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY 0 | | 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home'r G. Phillips Hospital | | d. STREET ADDRESS (If rural, give location) 1702 Cora Avenue 0 | |

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| 3. NAME OF DECEASED (Type or Print) John | a. (First) | b. (Middle) | c. (Last) Harris | 4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1953 |
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| 5. SEX Male 2 | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Aug. 4, 1907 | 9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months 4 Days 21 | IF UNDER 24 HRS. Hour Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur | 10b. KIND OF BUSINESS OR INDUSTRY Pvt. Family | 11. BIRTHPLACE (City and State or Foreign Country) Louisville, Kentucky | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Frank Harris | 13b. MOTHER'S MAIDEN NAME Nettie Finley | 14. NAME OF HUSBAND OR WIFE Margaret Harris |
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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) no | 16. SOCIAL SECURITY NO. 490-22-9902 | 17. INFORMANT'S SIGNATURE OR NAME Margaret Harris | ADDRESS 1702 Cora Avenue |
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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 One Hour |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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? 331X |
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22. I hereby certify that I attended the deceased from **12-24, 1953**, to **12-25, 1953**, that I last saw the deceased alive on **12-25, 1953**, and that death occurred at **10:00 P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Thomas M. Whittica, M.D. | 23b. ADDRESS 824 N. Channing | 23c. DATE SIGNED 12-28-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12/30/53 | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| DATE REC'D BY LOCAL REG. DEC 29 1953 | REGISTRAR'S SIGNATURE Charles J. Gates | 25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates | ADDRESS 4107 Finney Ave. |
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(Licensed Embalmer's Statement on Reverse Side)

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

12.3.3

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 4107 Finney Avenue

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.