No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10760

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 783

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mehlville Mo
c. LENGTH OF STAY (in this place): 23 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3700 Will Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: Mehlville 4850
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3700 Will Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Robert
c. (Last): Harrison

4. DATE OF DEATH (Month) (Day) (Year): March - 27 - 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July - 24 - 1887
9. AGE (In years last birthday): 66 — If under 1 year: Months 8, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS ~~OR INDUSTRY~~: Building
11. BIRTHPLACE (City and State or Foreign Country): Oakdale Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sterling Harrison
13b. MOTHER'S MAIDEN NAME: Anna Gibson
14. NAME OF [redacted] **WIFE**: Clara A. Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494-10-2202
17. INFORMANT'S SIGNATURE OR NAME: Mrs Clara Harrison — ADDRESS: 3700 Will Av. St Louis 23 Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Causes of the lungs — INTERVAL BETWEEN ONSET AND DEATH: Not Known

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 163X
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 7, 1953, *to* Mar 27, 1954, *that I last saw the deceased alive on* Mar 25, 1954, *and that death occurred at* 2:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Waldo H Will - M.D.
23b. ADDRESS: 3606 - Lemay Ferry St Louis
23c. DATE SIGNED: 3/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 30-1954
24c. NAME OF CEMETERY OR CREMATORY: New St Marcus Cem.
24d. LOCATION (City, town, or county) (State): 8000 Gravios Rd. Affton Mo.

DATE REC'D BY LOCAL REG.: 3/29/54
REGISTRAR'S SIGNATURE: Herbert R. Somke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Fey Funeral Home — ADDRESS: 4100 Lemay Ferry Rd

(Licensed Embalmer'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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill C. [illegible]

Licensed Embalmer No. 4.7.6

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.