FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20592

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4897

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 1
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 239A So. JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: 2221
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 0
d. STREET ADDRESS (If rural, give location): 22 239A So. JEFFERSON AVE

3. NAME OF DECEASED (Type or Print)
a. (First): GARFIELD
b. (Middle):
c. (Last): HARRIS

4. DATE OF DEATH (Month) (Day) (Year): 5-31-54

5. SEX: MALE 2
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 1-10-1900
9. AGE (In years last birthday): 54 — If under 1 year: Months 4, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PIPE FITTER
10b. KIND OF BUSINESS OR INDUSTRY: SCULLIN STEEL Co
11. BIRTHPLACE (City and State or Foreign Country): CALDONIA MISS. 1
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: HENRIETTA HARRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.: 492-09-6447
17. INFORMANT'S SIGNATURE OR NAME: MRS. HENRIETTA HARRIS — ADDRESS: 239A So. JEFFERSON

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): Pulmonary Embolism

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): following fall in bath room at home about
DUE TO (c): 705 pm May 31 1954

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Accident
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 31 54 7 05 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: oov E9030

22. *I hereby certify that I attended the deceased from* 3, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 705 P. *m., from the causes and on the date stated above.* 20

23a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 6-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 6-7-54
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL
24d. LOCATION (City, town, or county) (State): JEFFERSON BRKS. MO.

DATE REC'D BY LOCAL REG.: JUN 2 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD MOB
25. FUNERAL DIRECTOR'S SIGNATURE: Bennie Love — ADDRESS: 3103 Washington

(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 embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Lawrence E. Woodson

Licensed Embalmer No. 4341

P. O. Address St. Louis 3, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.