

# STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4553**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>St. Louis</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>10 4117 Labadie</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>William</b>		b. (Middle) _____	c. (Last) <b>Harris</b>	<b>4. DATE OF DEATH</b> (Month) <b>5</b> (Day) <b>17</b> (Year) <b>54</b>		
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<b>5. SEX</b> <b>2</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed 2</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 9, 1876</b>	<b>9. AGE</b> (In years last birthday) <b>77</b>	<b>10. MONTHS</b> <b>8</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Jackson, Mississippi</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Self-employed</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Jackson, Mississippi</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Zack Harris</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Francis Allen</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lula Harris</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Istiah Harris, 2009 Park</b>	<b>ADDRESS</b> _____
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebrovascular Accident - Hemorrhage</b>			<b>Undt.</b>
<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	<b>DUE TO (b)</b> _____		
	<b>DUE TO (c)</b> _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	<b>Hypertensive Cardiovascular Disease</b>		

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) _____ (Day) _____ (Year) _____ (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>331X</b>
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22. I hereby certify that I attended the deceased from 5-16, 1954, to 5-17, 1954, that I last saw the deceased alive on 5-17, 1954, and that death occurred at 4:13 P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>E. B. Williams M.D.</b>	<b>23b. ADDRESS</b> <b>2601 N. Whittier</b>	<b>23c. DATE SIGNED</b> <b>5-19-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>removal</b>	<b>24b. DATE</b> <b>May 22, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Greenwood Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Co., Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAY 21 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith, M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>EBKoon</b>	<b>ADDRESS</b> <b>1221 N. Grand</b>
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WRITE PLAINLY—USING UNFADING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Guyton Swan*

Licensed Embalmer No..... 45

P. O. Address..... 1221 7th

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.