

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25793

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 509 Registrar's No. 1736

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spanish Lake</u>		c. CITY OR TOWN <u>Spanish Lake</u> No	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1452 Harper Lane</u>		e. STREET ADDRESS (If rural, give location) <u>1452 Harper Lane</u> 7020	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>	b. (Middle)	c. (Last) <u>Harper</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1954</u>
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5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 16, 1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Watchman (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Kuhs Estate</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Harper</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ellen Kay Harper</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ellen Kay Harper</u> ADDRESS <u>1452 Harper Lane</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>CVA - Laryngeal paralysis -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis C.V.D.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac failure</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>443X</u>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7/13/54, 1954, to 7/16, 1954, that I last saw the deceased alive on 7/16, 1954, and that death occurred at 5:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James P. ...</u>	23b. ADDRESS <u>8201 N. Broadway</u>	23c. DATE SIGNED <u>7/16/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 19, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7/19/54</u>	REGISTRAR'S SIGNATURE <u>Heckel S. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann &amp; Son, Inc.</u> ADDRESS <u>2161 E. Fair Ave</u>
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(Licensed Embalmer's Stamp on Reverse Side)

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 *W. Gordon G. Burnley*.....

Licensed Embalmer No.....

P. O. Address *St. Louis*.....

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.