

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **28944**Registrar's No. **7389**BIRTH NO. **65010-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>9hrs 50min.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis</b>		<b>8120</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Louis Maternity Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>330 Harrison Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harris</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>July 26 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>-</b>	8. DATE OF BIRTH <b>July 26, 1954</b>		9. AGE (In years last birthday) 10. MONTHS 11. DAYS <b>9 150</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>-</b>
13a. FATHER'S NAME <b>Booker T. Harris</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Lee Stinson</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. &amp; Mrs. Booker T. Harris 330 Harrison</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>not determined</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>none</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>7-26-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Spontaneous breech delivery, premature</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>7615</b>		
22. I hereby certify that I attended the deceased from <b>July 26, 1954</b> , to <b>July 26, 1954</b> , that I last saw the deceased alive on <b>July 26, 1954</b> , and that death occurred at <b>12:25P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Constance E. Mose</b>			23b. ADDRESS <b>M.D. St. Louis Maternity Hosp.</b>		23c. DATE SIGNED <b>7-27-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>8-31-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 10 1954</b>		REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland - New 4104 Manchester</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.