

FILED SEP 2 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28945

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2516

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 3103 Laclede	

3. NAME OF DECEASED (Type or Print) Annie	a. (First)	b. (Middle)	c. (Last) Harris	4. DATE OF DEATH (Month) (Day) (Year) 8 12 54
5. SEX F	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 25, 1895	9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done throughout of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Pvt. Family	11. BIRTHPLACE (City and State or Foreign Country) Bolivar, Tennessee	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Isabelle Rinkie	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Lucy Franklin, 23/98 Market	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage with Rt. Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH Undt.
	II. OTHER SIGNIFICANT CONDITIONS Uterine Leiomyoma Conditions contributing to the death but not related to the disease or condition causing death.		
	I. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28, 1954, to 8-12, 1954, that I last saw the deceased alive on 8-12, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. B. Williams M.D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 8-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Oakdale	24d. LOCATION (City, town, or county) (State) Lemay, Missouri
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DATE REC'D BY LOCAL REG. AUG 14 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE E. B. Whittier	ADDRESS 1221 7th Ave
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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 *Melvin Blackburn*.....

Licensed Embalmer No. *396*.....

P. O. Address *1221 N. 2nd*.....

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.