

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35430  
Registrar's No. 9217

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 9217	
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) OR TOWN St Louis		c. CITY OR TOWN St Louis		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. City Hospital		e. STREET ADDRESS (If rural, give location) 22 2613 Park Ave		2227	
3. NAME OF DECEASED (Type or Print) a. (First) NETTIE b. (Middle) HARKENBACH c. (Last) HARKENBACH			4. DATE OF DEATH (Month) (Day) (Year) Oct 9 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug 15 1871	9. AGE (In years last birthday) 83	<input type="checkbox"/> UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Peoria Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Hawkins		13b. MOTHER'S MAIDEN NAME Sarah Helen Dodge		14. NAME OF HUSBAND OR WIFE Emil Harkenbach	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Little 2613 Park Ave		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia; Fracture of Left Hip; suffered when deceased was accidentally bumped and fell to floor at Malesher Illinois Hospital August 16, 1954 about</i>			INTERVAL BETWEEN ONSET AND DEATH _____
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>due to (b) _____ due to (c) _____</i>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <i>940 apu Accident</i>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMEKILL <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Neap</i>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>St Louis Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Aug 16 54 9<sup>40</sup> a.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>000 E9037</i>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:55A</i> m., from the causes and on the date stated above. <i>44</i>					
23a. SIGNATURE <i>Patrick C. Taylor Coroner</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>10.11.54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Oct 11 54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Zion</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Cty Mo</i>	
DATE REC'D BY LOCAL REG. <i>OCT 11 1954</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>E. J. Schnur 3125 Lafayette</i>		

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 *Not embalmed* Signed..... *Thomas R. Terwilliger*

Licensed Embalmer No. *379*  
P. O. Address *3125 Lopez*

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.