

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35432

Registrar's No. 8926

BIRTH NO. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

No. 300

10-48

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

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. LENGTH OF STAY (If this place) 30 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. STREET ADDRESS (If rural, give location) 23 2630 S. 12th St.		2239/0	
3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) J. c. (Last) Harms		4. DATE OF DEATH (Month) (Day) (Year) Sept. 30 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 25 1892
9. AGE (In years last birthday) 62		10. IS UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1000 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Driver Vandeventer & Co		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
12. CITIZENRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME August Harms	
13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Nellie Harms	
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. 494-03-8423	
17. INFORMANT'S SIGNATURE OR NAME Nellie Harms		ADDRESS. 2630 S. 12th St.	
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) Coronary Disease ANTECEDENT CAUSES DUE TO (b) Myocarditis. DUE TO (c) 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 No surgery.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH ?	
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) 4201	
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 9-1-54 to Sept. 30, 1954 , that I last saw the deceased alive on 9-30, 1954 , and that death occurred at 7:10A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. H. Smith, M.D.		23b. ADDRESS 4930 Lindell Blvd. St. Louis 8, Mo.	
23c. DATE SIGNED 10-1-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/4/54	24c. NAME OF CEMETERY OR CREMATORY New Picker Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. OCT 1 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher INC	
		ADDRESS 3013 Meramec	

(Licensed Embalmer's Statement on Reverse Side)

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 Jack Haugh

Licensed Embalmer No. 4746

P. O. Address St Louis Mo

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.