

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39593**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2605**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY OR TOWN Richmond Heights d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 5 Weeks		STREET ADDRESS (If rural, give location) 8721 Hoover Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) _____ c. (Last) Harten			4. DATE OF DEATH (Month) (Day) (Year) Nov 9 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dont Know About	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consulting Engineer		10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Dont Know		13b. MOTHER'S MAIDEN NAME Dont Know		14. NAME OF HUSBAND OR WIFE Carrie Huber Harten, Dec	
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. Dont Know		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Kueneke 4939 Miami	

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) Gastric carcinoma		INTERVAL BETWEEN ONSET AND DEATH uncertain	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized Carcinomatosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 151X	
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 **9/18** 19**54**, to **11/9** 19**54**, that I last saw the deceased alive on **11/9/54**, 19**54**, and that death occurred at **10 A.M.** from the causes and on the date stated above.

23a. SIGNATURE Thomas W. Parker M.D. (Degree or title)		23b. ADDRESS 4660 Mayhew St. St. Louis, Mo.		23c. DATE SIGNED 11/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 11 1954		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	

DATE REC'D BY LOCAL REF. 11/10/54		REGISTRAR'S SIGNATURE Robert D. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. Undertaking Co	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 10 1955

MAY 22 1955

OCT 19 1955

Dr Thos. W. Parker

4660 Maryland

Fo 1-6074

9.30 to 12.30

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 *J. Allen Rawie Jr.* 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.