

FILED DEC 17 1954

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS  
STANDARD CERTIFICATE OF DEATH

State File No. **42436**  
Registrar's No. **11129**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11129</b>			
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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>Granite City</b>		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 <b>DOA City Hospital #1</b>				e. STREET ADDRESS (If rural, give location) <b>RR#2</b>				<b>8120</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marvin</b>			b. (Middle) <b>C</b>		c. (Last) <b>Harris</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-30-54</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>10-28-1902</b>		9. AGE (In years last birthday) <b>52</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>craneman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bolt Co.,</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bonne Terre, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Tom Harris</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Schaner</b>			14. NAME OF HUSBAND OR WIFE <b>Lillie Harris</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lillie Harris, Granite City, Ill.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES DUE TO (b) <b>Constriction of Lungs</b> DUE TO (c) <b>Cardiac Hypertrophy</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>4343</b>					
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 <b>10:10 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Patrick P. Taylor Coroner</b>				23b. ADDRESS <b>1300 East</b>			23c. DATE SIGNED <b>12.6.54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>12-2-54</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>DEC 6 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Lahey, Madison, Illinois</b>				

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.....  
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.