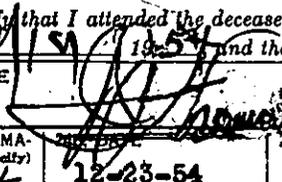


FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43641

State File No. \_\_\_\_\_  
Registrar's No. **11652**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>11652</b>						
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</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>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2729 A. Stoddard Street</b>				e. STREET ADDRESS (If rural, give location) <b>2729 A. Stoddard</b>										
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ol</b>			b. (Middle) _____			c. (Last) <b>Harris</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 19 54</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-12-1901</b>		9. AGE (In years last birthday) <b>53</b>	10. MONTHS <b>9</b>	11. DAYS <b>7</b>	12. HOURS <b>0</b>	13. MIN. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>						
13a. FATHER'S NAME <b>Albert Mays</b>			13b. MOTHER'S MAIDEN NAME <b>Queenie Ivory</b>			14. NAME OF HUSBAND OR WIFE <b>Robert Harris</b>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Harris</b> ADDRESS <b>2729 A. Stoddard St.</b>										
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral overy</b>  ANTECEDENT CAUSES <b>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) <b>Cerebral overy</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>								INTERVAL BETWEEN ONSET AND DEATH <b>3 mps</b>				
19. DATE OF OPERATION <b>9/25/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cerebral overy 9/25/54</b>								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) _____			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>175X</b>	
22. I hereby certify that I attended the deceased from <b>9/22, 1954</b> , to <b>12/19, 1954</b> , that I last saw the deceased alive on <b>12/19, 1954</b> , and that death occurred at <b>54</b> m., from the causes and on the date stated above.														
23a. SIGNATURE 				(Degree or title) _____		23b. ADDRESS <b>822 W. Jefferson</b>			23c. DATE SIGNED <b>12/21/54</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>12-23-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>								
DATE REC'D BY LOCAL REG. <b>DEC 22 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellis Funeral Home, Inc.</b> ADDRESS <b>2820 Stoddard St.</b>									

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

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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 *F. G. Culbertson*.....

Licensed Embalmer No. *419*.....

P. O. Address *Shaw*.....

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.