

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3470**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **130**

1. PLACE OF DEATH  
a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo**  
b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN **Koch, Mo.**

c. LENGTH OF STAY (in this place)  
**331 DAYS**

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION  
**ROBERT KOCH HOSP**

e. STREET ADDRESS (If rural, give location)  
**2702 E. N. Taylor 2119**

3. NAME OF DECEASED  
(Type or Print)

a. (First) **WAGS**

b. (Middle) \_\_\_\_\_

c. (Last) **HARRINGTON**

4. DATE OF DEATH (Month) (Day) (Year)  
**JANUARY 16 1955**

5. SEX **M**

6. COLOR OR RACE **N**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify)  
**Married**

8. DATE OF BIRTH  
**JUNE 26 1924**

9. AGE (In years last birthday)  
**30**

IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Nil**

10b. KIND OF BUSINESS OR INDUSTRY  
**work**

11. BIRTHPLACE (City and State or Foreign Country)  
**ST. LOUIS, Mo**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME  
**Robert Harrington**

13b. MOTHER'S MAIDEN NAME  
**Stella Goodman**

14. NAME OF HUSBAND OR WIFE  
**ONA MAE ELLIOT**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)  
**yes WW II**

16. SOCIAL SECURITY NO.  
**498-16-0765**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Hospital Repr. Koch Hospital**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Chronic Pulm. Tuberculosis**  
ANTECEDENT CAUSES.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**6 1/2 years ±**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
**002X**

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 19/54**, 19**54**, to **JAN. 16**, 19**55**, that I last saw the deceased alive on **JAN. 16**, 19**55**, and that death occurred at **4:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**Frank Cohen M.D.**

23b. ADDRESS  
**Robert Koch Hospital**

23c. DATE SIGNED  
**JAN 16 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE  
**1/20/55**

24c. NAME OF CEMETERY OR CREMATORY  
**Jefferson Barrack**

24d. LOCATION (City, town, or county) (State)  
**Jefferson Barrack Mo**

DATE REC'D BY LOCAL REG.  
**JAN 18 1955**

REGISTRAR'S SIGNATURE  
**Hebert R. Lamberty**

25. FUNERAL DIRECTOR'S SIGNATURE  
**Herman J. Smith**

ADDRESS  
**4247/w Laba**

WRITE PLAINLY—USING UNFADING 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 *W. Claude Gordon*

Licensed Embalmer No. *378*

P. O. Address *4575th*

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.