

FILED MAR 7 1955 STANDARD CERTIFICATE OF DEATH 1003 State File No. 1567

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 1567

1. PLACE OF DEATH a. COUNTY <u>City</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>City St. Louis</u> township)		c. CITY OR TOWN <u>City St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>6yrs 5mo 5days</u>		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: <u>St. Louis Chronic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>139 5800 Arsenal</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>0</u> c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>3-3-1884</u>
9. AGE (in years last birthday) <u>70</u>		IF UNDER 1 YEAR Days <u>11</u> IF UNDER 1 YEAR Hours <u>11</u> IF UNDER 1 YEAR Min. <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dick Bosall</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Hall</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Pharisee Orea</u>		ADDRESS <u>4855 Labadie</u>	
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) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u> ANTECEDENT CAUSES <u>Generalized arteriosclerosis</u> DUE TO (b) <u>years</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
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)			
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? <u>332x</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 2, 1948</u> , to <u>Feb. 14, 1955</u> , that I last saw the deceased alive on <u>2-14, 1955</u> , and that death occurred at <u>6:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George Esber M.D.</u> (Degree or title)		23b. ADDRESS <u>5600 Arsenal</u>	
23c. DATE SIGNED <u>2/15/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>FEB 18 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Funeral Home, Inc.</u>		ADDRESS <u>2820 Stoddard St.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... Signed *Fulton E. Culkin*
Signature of Student Embalmer

Licensed Embalmer No. *419*
P. O. Address *St Louis*

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.