

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

9674

FILED MAR 31 1955

State File No.

Registrar's No. **2610**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

| | | | |
|---|-------------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY OR TOWN ST. LOUIS | |
| c. LENGTH OF STAY (In this place) | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hosp | | e. STREET ADDRESS (If rural, give location) 5659 Goodfellow 2079 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) c. (Last) Harris | | 4. DATE OF DEATH (Month) (Day) (Year) 3-21-55 | |
| 5. SEX D | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | 8. DATE OF BIRTH 8-31-1880 |
| 9. AGE (In years last birthday) 74 | | 10. MONTHS 0 | 11. DAYS 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or, if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| Retired Stock Clerk | | St Louis | |
| 11. BIRTHPLACE (City and State or Foreign Country) St Louis | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Not Known | | 13b. MOTHER'S MAIDEN NAME Not Known | |
| 14. NAME OF HUSBAND OR WIFE Anna | | | |
| 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. 486-01-3225 | |
| 17. INFORMANT'S SIGNATURE OR NAME L. Humphreys | | ADDRESS 3910 N 25 | |
| 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) Coronary Thrombosis, Acute INTERVAL BETWEEN ONSET AND DEATH 3-8-55 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery disease DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 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) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | 4201 | |
| 22. I hereby certify that I attended the deceased from 3-8- , 19 55 , to 3-21 , 19 55 , that I last saw the deceased alive on 3-21 , 19 55 , and that death occurred at 11:00 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Joseph E. Carney MD | | 23b. ADDRESS 906 Olive St | |
| 23c. DATE SIGNED 3-22-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3-24-55 | |
| 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) St Louis MO | |
| DATE REC'D BY LOCAL REG. MAR 23 1955 | | REGISTRAR'S SIGNATURE Carl Smith MD | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Arnold L. C. 2707 N Grand | | ADDRESS | |

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 *Valley R. Gaeller Jr*.....
Licensed Embalmer No. *4950*
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.