

No. 300  
10. 28

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14122

FILED APR 27 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 925

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS Co. Hosp.</u>		c. CITY OR TOWN <u>WOODSON TERRACE 1</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>3570 - BOSWELL, AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>T.</u> c. (Last) <u>Harrison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>DEC. 4, 1878</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>FRANK FREDERICH</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT C. DODD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARGARET C. SWOPE, 3570 Boswell</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		? duration	
		DUE TO (c) <u>Diabetes Mellitus</u>		? duration	
		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 <u>260X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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?	

22. I hereby certify that I attended the deceased from 4-19, 1955, to 4-20, 1955, that I last saw the deceased alive on 4-20, 1955, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard H. King M.D.</u>		23b. ADDRESS <u>6015 Brentwood, Clayton</u>		23c. DATE SIGNED <u>4-20-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-22-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA CEM</u>	
				24d. LOCATION (City, town, or county) (State) <u>WELLSTON MO</u>	

DATE REC'D BY LOCAL REG. <u>4/21/55</u>		REGISTRAR'S SIGNATURE <u>Harbert S. Tomke</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Baumann, Bros. &amp; Co. 2015 W. Woodson St. Oakland, Mo.</u>	
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(Licensed Embalmer's Signature on Reverse Side)

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 *Oscar F. Mueller*

Licensed Embalmer No. *30*

P. O. Address *Overland*

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.