

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16676

318

1003

4331

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Castle Point #20		d. STREET ADDRESS (If rural, give location) 10301 Duke Drive, 21			
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital									
3. NAME OF DECEASED (Type or Print)		a. (First) ALMA		b. (Middle) MARIE		c. (Last) HARRIS		4. DATE OF DEATH (Month) (Day) (Year) May 14th, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 22nd, 1918		9. AGE (In years last birthday) 36	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) White Water, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Emanuel Masters			13b. MOTHER'S MAIDEN NAME Margaret Lincoln			14. NAME OF HUSBAND OR WIFE Leon Harris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Leon Harris, 10301 Duke Drive, 21,				ADDRESS	
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) acute myocardial infarction & dilation of heart since 5-5-55 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac-renal disease since 5-1-53 DUE TO (c) Hypertension present 1-27-50 II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Terminal uremia since 5-12-55						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____		21g. _____		21h. _____		21i. _____		442X	
22. I hereby certify that I attended the deceased from 7-18-40, 19____, to 5-14-55, 19____, that I last saw the deceased alive on 5-14-55, 19____, and that death occurred at 11:00 AM., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John T. Flynn B.S.M.D.				23b. ADDRESS 1715 So 39th St. St. Louis				23c. DATE SIGNED 5-16-55	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 5/17/55		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. MAY 17 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, Mo.				ADDRESS	

(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
Student Embalmer

Signed *John A. Munar*
Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.