

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23655**
6176

FILED AUG 2 - 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 23 years		d. STREET ADDRESS (If rural, give location) 5216 Lotus Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5216 Lotus Ave.		6	

3. NAME OF DECEASED (Type or Print) Harvey		a. (First) H.	b. (Middle)	c. (Last) Diggs	4. DATE OF DEATH (Month) (Day) (Year) 7 - 16 - 1955			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 1, 1890	9. AGE (In years last birthday) 65	10. MONTHS	11. HOURS	12. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Electrical Factory		11. BIRTHPLACE (State or foreign country) Pine Bluff, Arkansas			12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Tom Diggs	13b. MOTHER'S MAIDEN NAME Lillie ?	14. NAME OF HUSBAND OR WIFE Mattielean Diggs
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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. 493-03-6817	17. INFORMANT'S SIGNATURE OR NAME Mattielean Diggs,	ADDRESS 5216 Lotus Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease 5 yrs DUE TO (c) Generalized arteriosclerosis 10 yrs.		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 1954 to **7-2**, 1955, that I last saw the deceased alive on **7-2**, 1955, and that death occurred at **9:30 PM** from the causes and on the date stated above.

23a. SIGNATURE J. F. Ruffner	(Degree or title)	23b. ADDRESS 539 N. Grand	23c. DATE SIGNED 7-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-21-1955	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. Jul 18 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. J. BAKER & SON FUNERAL HOME	ADDRESS 3201 N. Newstead
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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

H. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Alder

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