

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27767
27767
7054
Registrar's No. 7054

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

1. PLACE OF DEATH a. COUNTY 2000s Dayton Street b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) life		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY c. CITY OR TOWN St. Louis 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 2935a Dayton St.		e. STREET ADDRESS (If rural, give location) 2935 Dayton Street 2210	

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Mae c. (Last) Harris	4. DATE OF DEATH (Month) (Day) (Year) 8 9 55
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 29, 1927	9. AGE (In years last birthday) 27 # UNDER 1 YEAR Months # UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Private Homes	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wilbur Harris	13b. MOTHER'S MAIDEN NAME Mary Smith	14. NAME OF HUSBAND OR WIFE nil
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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. nil	17. INFORMANT'S SIGNATURE OR NAME Mary Harris	ADDRESS 2303 Franklin Ave.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, dislocation of cervical spine with severe laceration of spinal cord suffered while seated with feet and kicked by one blonde of eggs in front of house at 2935a Dayton St. about 9:00 pm. Aug 8 1955		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		PER AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT OR SUICIDE (Specify) Home	21b. PLACE OF INJURY (a. in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) STATE) St. Louis Mo. E 9.83x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 8 55 9:00	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 745 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) J. Earl Smith M.D. Deputy Registrar	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-27-55	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. AUG 12 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dement & Son 2629-31 Cole Street
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S.P. (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.....
Signature of Student Embalmer

Signed *Arthur S. Hillia*.....

Licensed Embalmer No. *4722*

P. O. Address *4107 7th*

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.