

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34812**  
Registrar's No. **9390**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9390</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>14 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>2320 Chouteau (rear)</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Onealy</b> b. (Middle) <b>Harrod</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>10-24-55</b>				
5. SEX <b>female</b>		6. COLOR OR RACE <b>col.</b>		7. MARRIED, NEVER MARRIED? <b>Div.</b>		8. DATE OF BIRTH <b>4-1-1906</b>	
9. AGE (In years last birthday) <b>49</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		13a. FATHER'S NAME <b>Henry Harrod</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie ?</b>	
13c. FATHER'S NAME		13d. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>unk.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Cerebral Thrombosis</b>					
		ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>				<b>years</b>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease</b>				<b>years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>332x</b>				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) _____		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 <b>10-10-</b> , 19 <b>55</b> , to <b>10-24-</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10-24-</b> , 19 <b>55</b> , and that death occurred at <b>3:30 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>George M. Janaka, M.D.</b> (Degree or title)				23b. ADDRESS <b>5600 Acasual St.</b>		23c. DATE SIGNED <b>Oct 25, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct 28, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park St. Louis, Mo</b>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <b>OCT 27 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Koonce</b> ADDRESS <b>1221 N. Grand</b>			

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

215-3

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 *Melvin Blackburn*

Licensed Embalmer No. 396

P. O. Address 1221 N 9th

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.