

No. 300  
10.48

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38319**  
Registrar's No. **10247**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Louis City Hospital**  
e. STREET ADDRESS (If rural, give location) **25 1121 N. 8th St. 225 1/2**

3. NAME OF DECEASED a. (First) **Edward** b. (Middle) \_\_\_\_\_ c. (Last) **Harmon** 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 22, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **Feb. 28, 1874** 9. AGE (In years last birthday) **81** 10. MONTHS **1** 11. DAYS **22** 12. HOURS **11** 13. MIN. **55**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **Marion, Ky.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John Harmon** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Belle Harmon**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Lucille Van Tassel** ADDRESS **1121 N. 8th St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* **Fracture of Ribs (8th & 9th left) Coronary Occlusion, Generalized Arteriosclerosis**  
II. OTHER SIGNIFICANT CONDITIONS **suffered in fall at home**  
MEDICAL CERTIFICATION  
INTERVAL BETWEEN ONSET AND DEATH  
\*This does not mean the inside of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
DUE TO \_\_\_\_\_  
DUE TO \_\_\_\_\_  
DUE TO \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **November 18 1955.** 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Nov 18 55 ? m.** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **fall E904.0**

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 **7:50 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **James M Kelly** (Name of Signer) 23b. ADDRESS **1300 Blank** 23c. DATE SIGNED **11-23-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **11-23-55** 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) **Morley, Mo.**

DATE REC'D BY LOCAL REG. **NOV 23 1955** REGISTRAR'S SIGNATURE **Paul Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington Blvd.**  
**mbs** (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 *Robert M. Murray*.....

Licensed Embalmer No.....  
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P. O. Address *St. Louis*.....

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.