

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38325

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** State File No. _____ Registrar's No. **9814**

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 town or town St. Louis)		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place)		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 Homer Phillips Hospital		STREET ADDRESS (If rural, give location) 223 Eugenia	

3. NAME OF DECEASED (Type or Print)		a. (First) Virginia		b. (Middle)		c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) 11 5 55	
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-3-1915		9. AGE (In years last birthday) 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO,		12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME RICHARD BROWN		13b. MOTHER'S MAIDEN NAME LUCY BROWN		14. NAME OF HUSBAND OR WIFE JAMES HARRIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 495-22-7152		17. INFORMANT'S SIGNATURE OR NAME RAMSON BROWN	
				ADDRESS 4002 ALDINE AVE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH Undt.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) MIORING conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS		Hypertensive Cardiovascular Disease	
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490x		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) (Min.)		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 **10-25**, 19**55**, to **11-5**, 19**55**, that I last saw the deceased alive on **11-5**, 19**55**, and that death occurred at **1:05 a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. B. Williams M.D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 11-9-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-11-55		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD	
24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.		25. FUNERAL DIRECTOR'S SIGNATURE J. McCLENDON		ADDRESS 4535 WASHINGTON	
DATE REC'D BY LOCAL REG. NOV 10 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			

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 *John K. Cunningham*

Licensed Embalmer No. *44*
P. O. Address *2405 7th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.