

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42144

State File No. 1003 Registrar's No. 10487

FILED DEC 28 1955

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 8 Weeks		c. CITY OR TOWN Webster Groves		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 Jewish Hospital				e. STREET ADDRESS (If rural, give location) 342 Chestnut							
3. NAME OF DECEASED (Type or Print) a. (First) DWIGHT			b. (Middle) RUSSELL			c. (Last) HARLOW			4. DATE OF DEATH (Month) (Day) (Year) 11-30-1955		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-26-1921		9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Mgr.				10b. KIND OF BUSINESS OR INDUSTRY Ralston Purina		11. BIRTHPLACE (City and State or Foreign Country) Plymouth Mass.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Porter T Harlow				13b. MOTHER'S MAIDEN NAME Etta Peterson				14. NAME OF HUSBAND OR WIFE Eleanor Harlow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W. # 2				16. SOCIAL SECURITY NO. 021-12-5462		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. D.R. Harlow 342 Chestnut					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma-Abdomen						INTERVAL BETWEEN ONSET AND DEATH about 3 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) -				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 200.1							
19a. DATE OF OPERATION 1954, 5		19b. MAJOR FINDINGS OF OPERATION 1. Lymphosarcoma, right axilla 2. Lymphosarcoma ileum 3. Lymphosarcoma, retroperitoneal						20. AUTOPSY? <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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 1953 to date of death, Nov 26, 1955 , that I last saw the deceased alive on 28 Nov, 1955 , and that death occurred at 6:45 a. m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) C. Lawrence Keyes MD				23b. ADDRESS 4952 Maryland, St Louis, 8				23c. DATE SIGNED Nov 30, 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-1-1955		24c. NAME OF CEMETERY OR CREMATORY Manomet Cemetery			24d. LOCATION (City, town, or county) (State) Manomet Mass.				
DATE REC'D BY LOCAL REG. NOV 30 1955		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Parker Aldrich - Webster Groves Mo.					

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.....
Leslie Walsh

Licensed Embalmer No. *437*

P. O. Address *Volunteer Grove*

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.