

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2741**  
Registrar's No. **527**

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 <b>Missouri</b>		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</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 type="checkbox"/>			
c. LENGTH OF STAY (in this place) <b>3 days</b>		e. STREET ADDRESS (If rural, give location) <b>807 Clara Avenue</b>		<b>2059</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>ESTHER</b>		b. (Middle) <b>DENTON</b>		c. (Last) <b>HARMAN</b>			
4. DATE OF DEATH Month Day Year <b>January 15, 1956</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			
8. DATE OF BIRTH <b>February 8, 1872</b>		9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days <b>11 7</b>			
IF UNDER 24 HRS. Hours Min. <b>11 7</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Seabury, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					
13a. FATHER'S NAME <b>John Denton</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Hancock</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Henry Harman</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>E. H. Harman 5325 Hyde Park Chicago, Ill.</b>			
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) <b>arteriosclerotic Heart Dis</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.0</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) m.		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>Jan 13, 1956</b> , to <b>Jan 15, 1956</b> , that I last saw the deceased alive on <b>Jan 14, 1956</b> , and that death occurred at <b>4:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L. C. Deere Oswald MD</b>		23b. ADDRESS <b>537 N Grand</b>		23c. DATE SIGNED <b>1-16-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1-17-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>							
DATE REC'D BY LOCAL REG. <b>JAN 16 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons 7233 Delmar Blv'd.</b>			

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

Dr. William C. Macdonald  
539 North Grand Avenue  
Jefferson 3-9284

---

---

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..... *Arnold W. Schoene*.....

Licensed Embalmer No. *3863*

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.