

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6584

FILED MAR 9 1956

318

1003

State File No.

Registrar's No. 1978

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
b. STATE MISSOURI
d. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) 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 HOSPITAL OR INSTITUTION PARK LANE HOSPITAL
e. STREET ADDRESS (If rural, give location) 5076 ARLINGTON AVE

3. NAME OF DECEASED (Type or Print)
a. (First) CLAUDE
b. (Middle) _____
c. (Last) HARPER
4. DATE OF DEATH (Month) (Day) (Year) OF FEB, 23, 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 8/29/1898
9. AGE (In years last birthday) 57 If UNDER 1 YEAR Months Days If UNDER 22 WKS. Hours Min.

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

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE THERESA HARPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES
16. SOCIAL SECURITY NO. WORLD WAR I, # _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS THERESA HARPER 5076 ARLINGTON AVE

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure; Calcific Aortic Stenosis; Chronic Constrictive Pericarditis
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Constrictive Pericarditis
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. at Park Lane Hospital 15 am, Feb 23, 1956
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION (Cystectomy)
20. AUTOPSY? YES NO

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 23 56 9:15
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

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 9:15A m., from the causes and on the date stated above.

22a. SIGNATURE James M Kelly
22b. ADDRESS 1300 Clark St
22c. DATE SIGNED 2-24-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2/27/56
23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MISSOURI

DATE REC'D BY LOCAL REG. FEB 24 1956
REGISTRAR'S SIGNATURE [Signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE

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 *M. W. Ruster*.....

Licensed Embalmer No. *4865*.....

P. O. Address *St Louis, Mo*.....

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.