

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6587

State File No.

FILED FEB 17 1956

318

REG. DIST. NO.

1003

Registrar's No.

1216

| | | | | | | | | | | |
|--|--|---|--------------------------------------|--|---|---|--|---|---------|--|
| 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 Missouri | | | | b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give 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 <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | | | STREET ADDRESS (If rural, give location) 2/ 3221a Delmar | | | | 2219 | | |
| 3. NAME OF DECEASED (Type or Print) Mable | | a. (First) | | b. (Middle) | | c. (Last) Harris | | 4. DATE OF DEATH (Month) (Day) (Year) 2 1 56 | | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH May 18, 1882 | | 9. AGE (In years last birthday) 73 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Arnbur, Ky. | | 12. CITIZEN OF WHAT COUNTRY? USA | | IF UNDER 1 YEAR Months Days Hours Min. | | |
| 13a. FATHER'S NAME Levi Thompson | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | 14. NAME OF HUSBAND OR WIFE ----- | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Non | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Blanche Byrns 2613b Franklin | | | | | ADDRESS | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis with Uremia | | | | | | INTERVAL BETWEEN ONSET AND DEATH Undt. | | |
| | | 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. Cerebral Thrombosis | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 450"0 | | | | | | 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) | | 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 1-29, 1956, to 2-1, 1956, that I last saw the deceased alive on 2-1, 1956, and that death occurred at 7:15a m., from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE Edw. B. Williams | | | | (Degree or title) M.D. | | 23b. ADDRESS 2601 N. Whittier | | 23c. DATE SIGNED 2-2-56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2/6/56 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | | | |
| DATE REC'D BY LOCAL REG. FEB 4 1956 | | REGISTRAR'S SIGNATURE J. Earl Smith MD | | | 25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Grenberry 4202 Finney Ave | | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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..... *Melvin E. Green*

Licensed Embalmer No. *442*

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.