

0.300  
0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1956

State File No. 17970

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5342

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE \_\_\_\_\_ No. \_\_\_\_\_  
b. COUNTY \_\_\_\_\_

b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) 9-days

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 Desloge Hospital

e. STREET ADDRESS (If rural, give location) 17 3969a Shenadoah Ave. 2179

3. NAME OF DECEASED  
a. (First) ETHEL b. (Middle) Mary c. (Last) HARKINS

4. DATE OF DEATH (Month) (Day) (Year) June 2, 1956

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.

8. DATE OF BIRTH Jan. 1, 1901

9. AGE (In years last birthday) 55  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS.: Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady- Grand-Leader

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri

12. CITIZENSHIP OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John J. Harkins

13b. MOTHER'S MAIDEN NAME Mary T. Cain

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. 488-03-4978

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Edward J. Harkins, 3969a Shenadoah Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) HEART FAILURE  
  
ANTECEDENT CAUSES  
DUE TO (b) PULMONARY DISEASE  
DUE TO (c) BRONCHIECTASIS  
  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION 526x

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from May 24, 1956, to June 2, 1956, that I last saw the deceased alive on June 2, 1956, and that death occurred at 9:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph A. Ego M.D.

23b. ADDRESS 1325 S. GRAND

23c. DATE SIGNED 6/4

24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial

24b. DATE June 6, 1956

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. JUN 4 1956

REGISTRAR'S SIGNATURE J. Earl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.

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

had pulmonary embolism

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 *J. W. Williams*

Licensed Embalmer No. 35

P. O. Address 3840

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.