

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21866**
Registrar's No. **5651**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 21866 | | Registrar's No. 5651 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____ | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | c. LENGTH OF STAY (in this place) 36 hrs | | 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 Mo. Baptist Hospital | | | | e. STREET ADDRESS (If rural, give location) 19 3863 West Pine Blvd. 21990 | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) CORTES | | | a. (First) _____ | | b. (Middle) E. | | c. (Last) HARRIS | | 4. DATE OF DEATH (Month) (Day) (Year) June 12 1956 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | | 8. DATE OF BIRTH April 12, 1871 | | 9. AGE (In years last birthday) 85 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher (Retired) | | | | 10b. KIND OF BUSINESS OR INDUSTRY L&N R.R. Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Vandalia, Ill. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME Unknown Harris | | | 13b. MOTHER'S MAIDEN NAME Unknown Harris | | | 14. NAME OF HUSBAND OR WIFE Late Mary J. Harris | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Fern Harris ADDRESS 3863 West Pine Blvd. | | | | | | |
| 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) Arteriosclerotic heart disease myocardial infarction 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. Staghorn renal stones bilateral | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Indeterminate | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 420.0 | | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 June 11, 1956 , to June 12, 1956 that I last saw the deceased alive on June 12, 1956 , and that death occurred at 6:00 P m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE Warren M. Lonergan (Degree or title) M.D. | | | | | 23b. ADDRESS 457 N. Kingshighway, St. Louis | | | 23c. DATE SIGNED 6/13/56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Jun. 15, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | | | | |
| DATE REC'D BY LOCAL REG. JUN 13 1956 | | REGISTRAR'S SIGNATURE Carl Smith MD | | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl. | | | | | | |

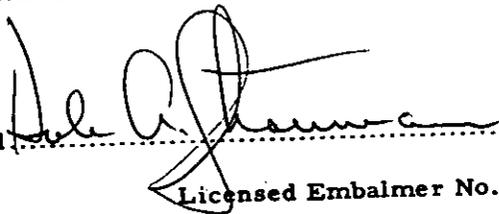
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 453

P. O. Address.....

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.