

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22408**

BIRTH NO.		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 500		Registrar's No. 1452		
1. PLACE OF DEATH a. COUNTY St. Louis				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 township) Koch, Mo		c. LENGTH OF STAY (In the place) 3 days		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hosp.				e. STREET ADDRESS (If rural, give location) 802 N. Jefferson				
3. NAME OF DECEASED (Type or Print) a. (First) Flynn			b. (Middle) -	c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) June 9, 1956		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 3-15-1900		9. AGE (In years) (Months) (Days) (Hours) (Min.) 56 yrs. 2 24		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) gambler		10b. KIND OF BUSINESS OR INDUSTRY Custodian		11. BIRTHPLACE (City and State or Foreign Country) ? Unk.		12. CITIZEN OF WHAT COUNTRY? Unk		
13a. FATHER'S NAME Fred Harris			13b. MOTHER'S MAIDEN NAME ? Unk.		14. NAME OF HUSBAND OR WIFE - Unk.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk		16. SOCIAL SECURITY NO. Unk?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Koch Hosp, Koch, Mo				
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) Pulmonary tuberculosis, for advanced						INTERVAL BETWEEN ONSET AND DEATH ?	
	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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002x						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 6, 1956 , to June 9, 1956 , that I last saw the deceased alive on June 9, 1956 , and that death occurred at 3:50 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Axel R. Loomae, M.D.				23b. ADDRESS Robert Koch Hosp, Koch, Mo		23c. DATE SIGNED 6-11-56		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
BURIAL		June 16, 1956		Oakdale Cemetery		Lemay, Missouri		
DATE REC'D BY LOCAL REG. 6-14-56		REGISTRAR'S SIGNATURE Hubert R. Romberg		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koonce		ADDRESS 1221 D. Grand		

(Licensed Embalmer's Statement on Reverse Side)

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.....
William B. [Signature]

Licensed Embalmer No. 3967

P. O. Address 1221 W. [Signature]

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.