

THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 6 1956

STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

7084

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 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) 15 yrs.		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 St. Louis Chronic Hosp.				e. STREET ADDRESS (If rural, give location) 5800 Arsenal St.			
3. NAME OF DECEASED (Type or Print) a. (First) Mamie Harrison			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 56
5. SEX female	6. COLOR OR RACE col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 8-8-1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) La.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Harrison			13b. MOTHER'S MAIDEN NAME Emily Logan		14. NAME OF HUSBAND OR WIFE unk.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Hospital Records			
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) Hypertensive Cardiovascular Disease				INTERVAL BETWEEN ONSET AND DEATH years	
* This does not mean the mode of dying, such as heart failure, asthenia, 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) _____ 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 4437				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) 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 9-19-42 , 19___, to 7-17-56 , 19___, that I last saw the deceased alive on 7-17-56 , 19___, and that death occurred at 11:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Henry Esker M.D.				23b. ADDRESS 5600 Arsenal St.		23c. DATE SIGNED 7/23/57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JUL 31 1956		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) Rowland-Aker Mortuary Service	
DATE REC'D BY LOCAL REG. JUL 31 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR St. Louis 10, Mo.			

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.....

Licensed Embalmer No.....

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.