

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

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State File No. **28499**  
Registrar's No. **7308**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>28499</b>		Registrar's No. <b>7308</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>20 2914 Montgomery</b>		<b>2209</b>			
3. NAME OF DECEASED (Type or Print) <b>Percy</b>			a. (First)		b. (Middle) <b>Harvey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 1 56</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>4-14-1880</b>		9. AGE (In years last birthday) <b>76</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>laborer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>			12. COUNTRY OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Percy Harvey</b>			13b. MOTHER'S MAIDEN NAME <b>not known</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Harvey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>494367159</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Harvey</b> ADDRESS <b>2914 Montgomery</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis, active, far advanced</b> ANTECEDENT CAUSES _____ DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>.002x</b>						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 <b>7-23</b> , 19 <b>56</b> , to <b>8-1</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>8-1</b> , 19 <b>56</b> , and that death occurred at <b>12:25 pm.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Hugh Waters</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>2601 N. Whittier</b>			23c. DATE SIGNED <b>8-2-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>8-8-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale</b>		24d. LOCATION (City, town, or county) <b>St. Louis County Mo.</b> (State) _____			
DATE REC'D BY LOCAL REG. <b>AUG 8 1956</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Richardson</b> ADDRESS <b>2625 Glasgow</b>				

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

m 88 (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 *A.D. Richardson*.....  
Licensed Embalmer No. *2928*.....

P. O. Address *2625 Glass*.....

**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.**