Health, Welfare Public Service

300
1-56

Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35590
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9165

1. PLACE OF DEATH
a. COUNTY City
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 10, Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital Length of stay in 1b 43 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis 10, Inside Limits Yes ☐ No ☐
STREET ADDRESS (If outside, give location) 1118 Lawn Ave. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) MRS. ELIZABETH LAWSON HARPER (First, Middle, Last)

4. DATE OF DEATH Month October Day 5 Year 1956

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Oct. 22, 1873
9. AGE (In years last birthday) 82
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Kirkcaldy, Fifeshire; Scot.
12. CITIZEN OF WHAT COUNTRY? United State

13. FATHER'S NAME William Petrie
14. MOTHER'S MAIDEN NAME Catherine Lawson

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. 492-22-3497D
17. INFORMANT Catherine Harper Address 1118 Lawn Ave. St. Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Operation 10-1-56 for Obstruction due Adenocarcinoma Sigmoid
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1 H
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-15-56 to 10-5-56 and last saw her ~~him~~ alive on 10-5-56
Death occurred at 10:20 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Keith S. Wilson, M.D. (Degree or title)
22b. ADDRESS 4952 Maryland Ave
22c. DATE SIGNED 10-6-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 8, 1956
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. FUNERAL DIRECTOR Alexander & Sons ADDRESS 6175 Delmar
25. DATE REC'D. BY LOCAL REG. OCT 8 1956
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M.D.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 24

P. O. Address 6175 D

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.