Health, & Welfare Public Service

5. 300
. 1-56

Doctor, 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC- 1876188
SL- 12697

FILED APR 15 1957

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 10370 Registrar's No. 2818

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN 915 N. GRAND. ST. LOUIS, MO Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL Length of stay in 1b 9 DAYS 2/89

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ~~ST. LOUIS~~
c. CITY OR TOWN ST. LOUIS ~~27 S. LEONARD~~ Inside Limits Yes X No ☐
STREET ADDRESS 27 S. LEONARD. (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First JOHN Middle HARRISON Last
4. DATE OF DEATH Month 3 Day 20 Year 57

5. SEX MALE 2
6. COLOR OR RACE NEGRO
7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ / **DIVORCED** ☐
8. DATE OF BIRTH 5-28-88
9. AGE (In years last birthday) 68
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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) HOUSTON, MISSISSIPPI /
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN HARRISON
14. MOTHER'S MAIDEN NAME AVANNA HARMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW11
16. SOCIAL SECURITY NO. 489-12-6955
17. INFORMANT VA HOSP. RECORDS. 915 N. GRAND. ST. LOUIS, Address MISSOURI.

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) CARCINOMA OF THE PROSTATE GLAND WITH METASTASIS — INTERVAL BETWEEN ONSET AND DEATH UNK.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) - - - -
DUE TO (c) - - - -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
HYDRONEPHROSIS & ACUTE & CHRONIC PYELONEPHRITIS 177+

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ NONE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) - - -
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. VA I attended the deceased from 3-11-57, to 3-20-57 and last saw ~~alive~~ live on 3-20-57
Death occurred at 4:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. D.
22b. ADDRESS VAH. ST. LOUIS, MISSOURI
22c. DATE SIGNED 3/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3/25/1957
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) Jefferson Barracks, (State) Mo.

24. FUNERAL DIRECTOR G. Wade Grenberry **ADDRESS** 4202 Finney Ave.
25. DATE RECD. BY LOCAL REG. MAR 22 '57
26. REGISTRAR'S SIGNATURE J Carl Smith MD MOB

(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 emb

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed. Leroy U. Lannister

Licensed Embalmer No. 452

P. O. Address 2616 Dave

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