

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1957

1003

State File No. **14774**
Registrar's No. **3427**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 3427	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		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 D.O.A. Homer G. Phillips				STREET ADDRESS (If rural, give location) 2710 2407 O'Fallon			
3. NAME OF DECEASED (Type or Print) Michael Harris			a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH April 5, 1957 (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby		8. DATE OF BIRTH May 20, 1955	
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 10 Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Cozy Harris			13b. MOTHER'S MAIDEN NAME Helen Perry			14. NAME OF HUSBAND OR WIFE Child	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. Child		17. INFORMANT'S SIGNATURE OR NAME Cozy Harris		ADDRESS 2407 O'Fallon	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				<p>MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema and Congestion following operation of marble,</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>II. OTHER SIGNIFICANT CONDITIONS in home of deceased on</p>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION April 5th, 1957. E922.0/18		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident in Home		21b. PLACE OF INJURY (Spec. in or about home, factory, store, street, office bldg., etc.) St. Louis Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY Apr 5 57 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? DDO			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:52 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Patrick Taylor Corauer (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4.9.57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/12/57		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Missouri	
DATE REC'D BY LOCAL REG. APR 9 '57		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE L. B. Koonce		ADDRESS 1221 N. Grand Blvd.	

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

mjb

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.....
Lawrence Green

Licensed Embalmer No. 4750

P. O. Address 1321 N. Huron

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.