

Health,
Welfare
Public
Service

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED MAY 27 1957

THE HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18758-1000
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4698**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6027 Enright Ave, 30 yrs			Length of stay in lb 57		d. STREET ADDRESS # 6027 Enright Ave
3. NAME OF DECEASED (Type or print) MARY HELEN HARLOCK.			First	Middle	Last
4. DATE OF DEATH May 17, 1957.			Month	Day	Year
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 19, 1866.	9. AGE (In years last birthday) 90.
IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home..		10b. KIND OF BUSINESS OR INDUSTRY Housewife.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jacob Waggoner.			14. MOTHER'S MAIDEN NAME Elizabeth Grey.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no. none		16. SOCIAL SECURITY NO. none.	17. INFORMANT Address Mrs Dwight Kelley, 6027 Enright Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal shut down					INTERVAL BETWEEN ONSET AND DEATH 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac failure					6 mos.
DUE TO (c) Arteriosclerosis. A.S.C.V. Renal					10 yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 442 x		
20c. TIME OF INJURY Hour a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 7-24-45 , to 5-17-57 and last saw her ^{her} _{home} alive on 5-16-57 Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. H. W. Clark			22b. ADDRESS 864 Hamilton Blvd St. Louis 12 Missouri	22c. DATE SIGNED 5-17-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	23b. DATE 5/19/1957.	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton & Sons, 7233 Delmar Bly'd.,			25. DATE RECD. BY LOCAL REG. MAY 18 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith md	

(Licensed Embalmer's Statement on Reverse Side)

PA: 1-2354.
Hrs: 1 - 5. p.m.

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 Clarence H. Murray

Licensed Embalmer No. 400

P. O. Address St. Louis

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.