

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26171**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6577**

| | | | |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | |
| b. CITY OR TOWN St Louis | | 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 27 HOMER G Phillips | | e. STREET ADDRESS (If rural, give location) 7110 3650 PAGE AVE | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) HARRIS c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) 7 13 57 | |
| 5. SEX M | 6. COLOR OR RACE C | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH July 1, 1882 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wrt | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 18 Days 13 IF UNDER 12 HRS. Hours Min. |
| 11. BIRTHPLACE (City and State or Foreign Country) Columbus Miss. U.S.A. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Will HARRIS | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE Sallie HARRIS |
| 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. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sallie Harris 3650 Page |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma ANTECEDENT CAUSES Pituitary Tumor Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to shuffled in fall from steps II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Home on June 4th 1957. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 9000 21 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT OR SUICIDE? (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 4 57 ? m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? ooo |
| 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 10:50 AM. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE, (Degree or title) Patriet C. Taylor Carver | | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 7.15.57 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24c. NAME OF CEMETERY OR CREMATORY WASHINGTON | 24d. LOCATION (City, town, or county) (State) St Louis City, Mo |
| DATE REC'D BY LOCAL REG. JUL 15 '57 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter 2707 Stock |

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

MAY 28 1962

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 *W Claude Gordon*.....

Licensed Embalmer No. *348*

P. O. Address *4575 Al*

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.