

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

26173  
STATE FILE NUMBER  
6632

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <input checked="" type="checkbox"/> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>ST. LOUIS, MO.</b>   |  | c. CITY OR TOWN <b>St. Louis</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. #1.</b>   |  | d. STREET ADDRESS (If outside, give location) <b>#24 3718a Ohio Ave.</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>MARGARET</b> Middle <b>GERTRUDE</b> Last <b>HARRISON</b>  |  | 4. DATE OF DEATH <b>JULY 14, 1957</b>   |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>        | 8. DATE OF BIRTH <b>June 23, 1887</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>  | 9. AGE (In years last birthday) <b>70</b>  |
| 13. FATHER'S NAME <b>Frank Doll</b>   |  | 11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 16. SOCIAL SECURITY NO. <b>Unknown</b>  |  | 17. INFORMANT <b>Victor J. Harrison- 6804 Marquette</b>   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Aspiration Pneumonia</b><br>DUE TO (b) <b>Carcinoma of Pharynx (Metastatic)</b><br>DUE TO (c) <b>Carcinoma of Thyroid</b> |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 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"/> |
| 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.)           |   |  |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>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   |   | 20g. COUNTY  |
| 21. I attended the deceased from <b>7/10/57</b> to <b>7/14/57</b> and last saw her alive on <b>7/14/57</b><br>Death occurred at <b>9:20 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.                         |  | 22. ADDRESS <b>1515 LAFAYETTE AVE.</b>  |  |
| 22a. SIGNATURE <b>Richard J. Kemme, M.D.</b>  |  | 22c. DATE SIGNED <b>7/15/57</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  | 23b. DATE <b>July 17, 1957</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Churchyard</b>   | 23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>                |
| 24. FUNERAL DIRECTOR ADDRESS <b>WACKER-HELDERLE- 3634 Gravois Ave.</b>  |  | 25. DATE RECD. BY LOCAL REG. <b>JUL 16 '57</b>  | 26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....  
*Frank J. Hyland*

Licensed Embalmer No. *26*

P. O. Address *So. Lind*

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.