

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 JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 26857

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1649

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirkwood</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kirkwood 47030</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Joseph's Hosp</b>			Length of stay in 1b <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>501 S. Fillmore</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>ROBERT H. HARRIS</b>				First	Middle	Last	4. DATE OF DEATH Month <b>June</b> Day <b>26</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 6, 1903</b>		9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dispatcher</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Transit Complete Auto.</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Harley Harris</b>				14. MOTHER'S MAIDEN NAME <b>Olive Hawson</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>492-03-7199</b>		17. INFORMANT <b>Elizabeth Harris, 501 S. Fillmore</b>				Address <b>Kirkwood.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute subdural hematoma + Edema of the brain</b>							INTERVAL BETWEEN ONSET AND DEATH:		
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)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input checked="" 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.) <b>while ascending a stairway from the basement floor to the first floor, he fell from an unknown cause, on the stairs and then onto the basement floor striking his head.</b>								
20c. TIME OF INJURY <b>1:45 p.m. 6-25-57</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Kirkwood - St. Louis Co - Mo.</b>			
21. I attended the deceased from <b>6-25-57</b> to <b>6-26-57</b> and last saw her/him alive on <b>6-26-57</b> . Death occurred at <b>26 June 57</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Ink or type) <b>George Thompson</b> <b>Richard Ford</b>				22b. ADDRESS <b>100 N. Euclid</b> <b>206 N. Clay</b>		22c. DATE SIGNED <b>28 June 57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 29, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Hill Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Sappington Mo.</b>					
24. FUNERAL DIRECTOR <b>Pfzinger Mort. Kirkwood 22, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>7/1/57</b>		26. REGISTRAR'S SIGNATURE <b>Herbert R. Douglas</b>				

(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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Ben Hoffman*

Licensed Embalmer No. *7*

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.