

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37526**  
Registrar's No. **9813**

FILED NOV 1 1957

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>D.O.A. Homer G. Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2670 4832 Cupples Pl</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACINTA</u>		b. (Middle) <u>MARY</u>		c. (Last) <u>HARRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>		8. DATE OF BIRTH <u>Oct 16 1956</u>	
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Singleton Levi Harris</u>			13b. MOTHER'S MAIDEN NAME <u>Josie Bernice Watkins</u>			14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Singleton L. Harris 4832 Cupples Pl</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Medical Certification</u> <u>Traumatic fracture of skull with subdural and subarachnoid hemorrhage of the brain.</u> DUE TO (b) <u>shattered when crushed when plywood fell on deceased's head at 4832 Cupples Pl, about 1:50 pm, October 19, 1957.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u> HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>10 19 57 10 30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell E910.0 22</u>			
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 <u>7:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James M. Kelly</u>				23b. ADDRESS <u>1300 Clark Ave</u>		23c. DATE SIGNED <u>10-21-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>OCT 21 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 21 1957</u>		REGISTRAR'S SIGNATURE <u>Carly Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.H. Randle &amp; Son 3133 Bell Ave</u>			

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

**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 NOT EMBALMED..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

J. H. RANDLE & SON  
Signed *Edward N. Randle*.....

Licensed Embalmer No.....

P. O. Address.....

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.