

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38726**

FILED OCT 18 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2398**

| | | | | | |
|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester | | c. LENGTH OF STAY (In this place) 13 days | c. CITY OR TOWN St. Louis 0 | | d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 37 Pine Crest Home | | | e. STREET ADDRESS (If rural, give location) 6142 Plymouth | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Mae c. (Last) Harff | | | 4. DATE OF DEATH (Month) (Day) (Year) Sep. 26 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 3, 1882 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (If he kind of work done during most of working life, even if retired) Unknown | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (City and State or Foreign Country) Indiana | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME Joseph Gardner | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Phillip Harff | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-33-2321d | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pine Crest Home, Manchester, Mo. | | | |
| 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) Carcinoma of Rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chol. Myocardial DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 154X | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Sept 13, 1957 , to Sept. 26, 57 that I last saw the deceased alive on Sept. 25, 57 , and that death occurred at 5:25A. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE L. W. Hansen | | (Degree or title) M. A. O. | 23b. ADDRESS 1726 Bel Monte Richmond, Mo. | | 23c. DATE SIGNED Sept 27/57 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9/27/57 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | |
| DATE REC'D BY LOCAL REG. 9-28-57 | REGISTRAR'S SIGNATURE Herbert A. Donahue | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Proff, Inc. Kirkwood, Mo. | | | |

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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Francis J. Weyand*
Licensed Embalmer No. *4572*
P. O. Address *Richwood, W. Va.*

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.