

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46530

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 3087

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. LENGTH OF STAY (in this place) <u>25 years</u>	c. CITY OR TOWN <u>University City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6625 Washington Blvd.</u>		e. STREET ADDRESS (If rural, give location) <u>6625 Washington Blvd.</u>	
3. NAME OF DECEASED a. (First) <u>Amy</u> b. (Middle) _____ c. (Last) <u>Harlow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4, 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 3, 1869</u>
9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>9</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Warrenton Mo.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Jacob Kuntz</u>	
13b. MOTHER'S MAIDEN NAME <u>Beatha Sturman</u>		13c. NAME OF HUSBAND OR WIFE <u>Burner Harlow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Harlow</u> ADDRESS <u>6625 Washington</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) <u>Myocardial degeneration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	
20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO		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) _____		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 _____, 19 <u>36</u> to <u>Dec 4, 1957</u> , that I last saw the deceased alive on <u>Nov 19, 1957</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul K. Webb</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>721 Olive St. St. Louis Mo</u>	
23c. DATE SIGNED <u>12-6-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec 6, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nathalla Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Charles Park Rd. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Campbell</u> ADDRESS <u>1551 S. Albion</u>	
DATE REC'D BY LOCAL REGISTRARS SIGNATURE <u>Herbert R. Donker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____	

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

19913
16938 - 3-5-30
15th St. Bldg.
Cherry

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 Stanley H. Dizon
Licensed Embalmer No. 4195
P. O. Address H. P.

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.