

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3002**

FILED JAN 23 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **361**

1. PLACE OF DEATH
a. COUNTY _____
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) **St. Louis, Mo.** c. LENGTH OF STAY (in this place) **1 Yr. 6 Mo.** c. CITY OR TOWN **St. Louis,** d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital.** e. STREET ADDRESS (If rural, give location) **4023 Palm St.,**

3. NAME OF DECEASED (Type or Print) a. (First) **Emma** b. (Middle) **A.** c. (Last) **Harig** 4. DATE OF DEATH (Month) (Day) (Year) **January 11 1958**

5. SEX **Female** 6. COLOR OR RACE **White.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **October 1, 1892** 9. AGE (In years last birthday) **65** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Home-Maker** 10b. KIND OF BUSINESS OR INDUSTRY **At. Home** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Fred Harig**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mr. Fred Harig 4016a Palm Street**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **24 hrs.**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Arteriosclerotic Heart Disease** **1 1/2 yrs.**

DUE TO (c) **Generalized Arteriosclerosis** **1 1/2 yrs.**
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 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) **4200**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **July 9, 1956**, to **January 11, 1958**, that I last saw the deceased alive on **January 11, 1958** and that death occurred at **1:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D.** 23b. ADDRESS **5800 Arsenal** 23c. DATE SIGNED **1/11/58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **January 14, 1958** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **JAN 13 '58** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math Hermann & Son, Inc. 2161 E. Fair Ave.**

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 *W. J. Burnley*
Licensed Embalmer No. *420*
P. O. Address *Albany*

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.