

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3008

STATE FILE NUMBER

FILED FEB 6 1958

318

1003

720

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute Homer G. Phillips		d. STREET ADDRESS (If outside, give location) I304 N. Sarah St.	
3. NAME OF DECEASED (Type or print) James E. Harris		4. DATE OF DEATH Jan. 18, 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 26, 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and state or country) Reardon Paint Co. Grady Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME O.L. Harris		14. MOTHER'S MAIDEN NAME Clara Bell Robinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 437-IO-5704	
17. INFORMANT Willie Mae Harris		Address I304 N. Sarah St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive intra thoracic hemorrhage Left. DUE TO Contrib. - Penetrating stab wound of the heart. DUE TO (c) Support valve stabbed with knife in hands of one Willie Mae Harris.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ILLNESS OR INJURY			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) Willie Mae Harris (ex) in home at 1304 N. Sarah Sarah Street, about 1030 pm.		
20c. TIME OF INJURY 1030 p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, hotel, office bldg., etc.) Home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE		
21. I attended the deceased from 1105 A to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M Kelly (Degree or title) Deputy Coroner		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE I-22-1958	23c. NAME OF CEMETERY OR CREMATORY Lake Providence La.	23d. LOCATION (City, town, or county) (State) McGhee Ark.
24. FUNERAL DIRECTOR Peoples Und.Co. 3100 Franklin Ave.		25. DATE RECD. BY LOCAL REG. JAN 21 58	26. REGISTRAR'S SIGNATURE Carl Smith Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Jr. Claude Gardner*

Licensed Embalmer No. *341*

P. O. Address *45750*

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.