

FILED MAR 18 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1068

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY St. Louis County	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis (15)		c. CITY (If outside corporate limits, write RURAL and give township) Berkeley (21) 4091/	
c. LENGTH OF STAY (in this place) 42 min		d. STREET ADDRESS (If rural, give location) 27 9503 Parkdale Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		4. DATE OF DEATH Jan 20 1958	
3. NAME OF DECEASED (Type or Print) a. (First) Tene b. (Middle) DeLorse c. (Last) Harris		9. AGE (In years last birthday) 75.1	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 1-20-1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Paul Glennon Harris Jr.		13b. MOTHER'S MAIDEN NAME Mary Jo Gary	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Paul A Harris Jr	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. DATE OF OPERATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown cause		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 758.1	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19a. MAJOR FINDINGS OF OPERATION	
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 Jan 20, 1958, to Jan 20, 1958, that I last saw the deceased alive on Jan 20, 1958, and that death occurred at 6:40 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Kenneth J Larsen		23b. ADDRESS 6079 Grand Ave.	
23c. DATE SIGNED 1-21-58		24a. BURIAL, CREMATION, REMOVAL (Specify) 1-31-58	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE	
DATE REC'D BY LOCAL REG. JAN 29 1958		REGISTRAR'S SIGNATURE Paul Smith Mo Rowland - Aker 4104 Mandeville	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

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
Student Embalmer

Signed _____

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 this body is not embalmed, fact should be so stated above.