

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015881  
STATE FILE NUMBER

FILED APR 25 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4238**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKE'S</b> Length of stay in 1b <b>2 WEEKS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b> c. CITY OR TOWN <b>ALTON</b> 8120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET (If outside, give location) ADDRESS <b>1013 WALLACE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>EDWARD AUGUSTA HARRIS</b>			4. DATE OF DEATH <b>APRIL 17, 1958</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 2, 1895</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <b>2</b> Days <b>15</b> Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER, RETIRED BEALL TOOL CO.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BEALL TOOL CO.</b>		11. BIRTHPLACE (City and state or country) <b>ALTON, ILLINOIS</b>			
13. FATHER'S NAME <b>JAMES RUSSELL HARRIS</b>			14. MOTHER'S MAIDEN NAME <b>IDA WILLHELM</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WWI</b>		16. SOCIAL SECURITY NO. <b>341-12-4019X</b>		17. INFORMANT <b>Viola Sweeney</b> Address <b>1013 WALLACE ALTON, ILL.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY INSUFFICIENCY</b> DUE TO (b) <b>POST-OP LEFT LOWER LOBECTOMY</b> DUE TO (c) <b>AC CARCINOMA LUNG</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>163x</b>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <b>4-17-58</b> to <b>4-17-58</b> and last saw <sup>her</sup> him alive on <b>4-17-58</b> Death occurred at <b>6:20</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>James W. Forrester M.D.</b> (Degree or title) <b>0</b>				22b. ADDRESS <b>St. Lukes Hosp. 5535 Delmar</b>			
22c. DATE SIGNED <b>4-17-58</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4/19/1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA MEMORIAL PARK</b>			
24. FUNERAL DIRECTOR <b>Thomas J. Beardsley</b>		ADDRESS <b>727 LANGDON ALTON, ILL.</b>		25. DATE RECD. BY LOCAL REG. <b>APR 18 '58</b>			
				26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>			

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 *Thomas J. Burke*

Licensed Embalmer No. 496  
727 LANGDON  
P. O. Address ALTON, ILL.

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.