

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023367  
State File No. ....

6437  
Registrar's No. ....

FILED JUL 14 1958

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis, Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>26</b> HOSPITAL OR INSTITUTION <b>St. Louis Chronic</b> <b>26</b>				STREET ADDRESS (If rural, give location) <b>618</b> <b>5151 Highland</b>			
3. NAME OF DECEASED (Type or Print) <b>CORDELIA</b>		a. (First)		b. (Middle)		c. (Last) <b>HARVEY</b>	
4. DATE OF DEATH <b>June 23, 1958</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>2 / 19 / 1910</b>		9. AGE (in years last birthday) <b>48</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housework</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Joseph Hendricks</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine (Burkes)</b>	
14. NAME OF HUSBAND OR WIFE <b>James</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Josephine Spencer 5151 Highland</b>	
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) <b>Pulmonary Embolus</b> INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hr</b> ANTECEDENT CAUSES DUE TO (b) <b>Coronary Occlusion</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>S. H. D.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Schizophrenia</b> INTERVAL BETWEEN ONSET AND DEATH <b>19 yrs.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 <b>Jan. 9, 1939</b> to <b>June 23, 1958</b> that I last saw the deceased alive on <b>June 23, 1958</b> , and that death occurred at <b>9:50 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Cecelia Hymar</b> Cecelia Hymar, M.D.				23b. ADDRESS <b>5400 Arsenal St., St. Louis, Mo.</b>		23c. DATE SIGNED <b>6-24-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>30 June 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 26 1958</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Reliable Funeral Sv. 1389 N. Union</b>			

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

of said body.

name

(name) of the

body

is

STATEMENT BY LICENSED EMBALMER

of the

is

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 John K. Cunningham  
Licensed Embalmer No. 47476

P. O. Address 2405 Main

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.