

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027025

STATE FILE NUMBER 6888

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6888

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, 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 Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 2207 2420 Cass	
3. NAME OF DECEASED (Type or print) First Middle Last Keith Harris		4. DATE OF DEATH Month Day Year 7 8 58	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 27/57
9a. USUAL OCCUPATION (Give kind of work done during most of working life, or when if retired) Infant		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 8 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, or when if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, and state or country) St. Louis MO. 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Wiley Harris		13b. MOTHER'S MAIDEN NAME Annie Howard	14. NAME OF HUSBAND OR WIFE NO
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. NO	17. INFORMANT Address Annie Howard 2422 Cass.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH, undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 491x DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 7-2-58 to 7-8-58 and last saw him alive on 7-8-58 Death occurred at 3:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. A. Fraser, M.D.		22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 7-9-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE July 11/58	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.	23d. LOCATION (City, town, or county) (State) St. Louis County - Mo.
24. FUNERAL DIRECTOR F. A. Green 4214 Delmar		25. DATE RECD. BY LOCAL REG. JUL 10 58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Edward A Flynn*

Licensed Embalmer No. *4844*

P. O. Address *St Louis*

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.

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