

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030487
STATE FILE NUMBER
7489

FILED SEP 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Overland <i>4248</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hosp., Inc.		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) 27 2320 Dawes Place
3. NAME OF DECEASED (Type or print) First Fred Middle B Last Harris		4. DATE OF DEATH Month July Day 30 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 4, 1885
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier clerk		10b. KIND OF BUSINESS OR INDUSTRY Ill. Term. R.R.	11. BIRTHPLACE (City and state or country) Barry, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Virgil Harris	
13b. MOTHER'S MAIDEN NAME Abbie Holton		14. NAME OF WIFE WIFE Barbara Harris	
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. 702-09-2026	
17. INFORMANT Barbara Harris, 2320 Dawes Place		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemiplegia (RT) Possibly due to Metastatic lesion			INTERVAL BETWEEN ONSET AND DEATH 30 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CA of left lung			4 to 5 months
DUE TO (c) 163X			
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 type="checkbox"/> NO <input checked="" 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 June 28, 1958 to July 30, 1958 and last saw him alive on July 29, 1958 Death occurred at 11:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Benjamin N. Clark, 2-R.</i>		22b. ADDRESS 1755 S. Grand Ave.	
22c. DATE SIGNED 7-30-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-2-1958	
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) Normandy, Missouri	
24. FUNERAL DIRECTOR Baumann Funeral Home		ADDRESS 2501 Woodson Rd. Overland, Mo.	
DATE RECD. BY LOCAL REG. JUL 31 '58		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> S. P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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: *Gustav A. [Signature]*

Licensed Embalmer No. *2137*

P. O. Address *Four*

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.