

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030490
STATE FILE NUMBER
7992

FILED AUG 28 1958 Station District No. 318 Primary Registration District 1003 Registrar's No. 7992

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-57

All diagnoses in Part I must be causally related. *Original Physician - USE ONLY BLACK INK FOR RIBBON TYPEWRITER IF POSSIBLE*
Original Physician is a part of this
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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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. # 1		Length of stay in 1b 2239		d. STREET ADDRESS (If outside, give location) 2139 So. Jefferson	
3. NAME OF DECEASED (Type or print) First Gene Middle Walter Last Harrison			4. DATE OF DEATH Month 8 Day 15 Year 58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 7-16-1916	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Arthur B. Harrison		13b. MOTHER'S MAIDEN NAME Amanda Mull		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W. #2		16. SOCIAL SECURITY NO. 498-07-1116		17. INFORMANT Address Arthur Harrison 4328 Arsenal	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hayman - Rich Syndrome					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____					
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 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 WORK <input type="checkbox"/> 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 8-12-58 to 8-15-58 and last saw him alive on 8-15-58 Death occurred at 3:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS 1515 Lafayette Ave.		22c. DATE SIGNED 8-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 8-18-58		23c. NAME OF CEMETERY OR CREMATORY National Cem.	
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.			(State)		
24. FUNERAL DIRECTOR E.J. Schnurr		ADDRESS 3125 Lafayette		25. DATE RECD. BY LOCAL REG. AUG 18 58	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

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.

No Embalming

Student
Signature of Student Embalmer

Signed *E. J. Schuman*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.