Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030491
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7924

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 01 5150 A Goethe Ave., 3 yrs — Length of stay in 1b: 029

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5150 A Goethe — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Jack — Middle: Sanford — Last: Harshaw
4. DATE OF DEATH: Month 8 — Day 14 — Year 1958
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-12-1926
9. AGE (In years last birthday): 31 — 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, even if retired): Car Man
10b. KIND OF BUSINESS OR INDUSTRY: Terminal R R Ass'n
11. BIRTHPLACE (City and state or country): Supulpa, Okla
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Festus Elmer Harshaw
13b. MOTHER'S MAIDEN NAME: Telia McAdams
14. NAME OF HUSBAND OR WIFE: Merle Boemler Harshaw
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W W # 2
16. SOCIAL SECURITY NO.: 488-24-1537
17. INFORMANT: Mrs Jack Sanford Harshaw — Address: 5150 A Goethe St.Louis, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6/56 → 8/14/58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) malignant melanoma of
DUE TO (c) left shoulder.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 190.6
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 6/56 to present and last saw her/him alive on 8-14-58
Death occurred at 550 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.D.
22b. ADDRESS: 1755 S. Grand
22c. DATE SIGNED: 8/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-16-1958
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St Louis County, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Hoffmeister Colonial Mortuary, 6464 Chippewa Street, St.Louis 9, Mo.
25. DATE RECD. BY LOCAL REG.: AUG 14 '58
26. REGISTRAR'S SIGNATURE: J Carl Smith MD
(Licensed Embalmer's Statement on Reverse Side)

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 Lee C. Branson

Licensed Embalmer No. 4764

P. O. Address St. Louis M

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.