t. Health,
, & Welfare
S. Public
lth Service

S. 300
v. 1-57

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

XC 20720757

FILED OCT 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034292
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9344

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: 915 N Grand St Louis Mo — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Vet Admin Hospital — Length of stay in 1b: 13 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Greene
c. CITY OR TOWN: Carrollton — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 721 Sycamore — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Herbert Middle: W. Last: Harr

4. DATE OF DEATH: Month: Sept Day: 28 Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 7/15/92

9. AGE (In years last birthday): 66 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Macoupin County Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Harr

13b. MOTHER'S MAIDEN NAME: Ada Gelder

14. NAME OF HUSBAND OR WIFE: Vera Harr

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ~~No~~ unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: VAH, Records 915 N Grand St Louis, Mo.

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) SEPTICEMIA — INTERVAL BETWEEN ONSET AND DEATH: 1 Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) BILATERAL PYELONEPHRITIS — UNKNOWN
DUE TO (c) CEREBRAL VASCULAR ACCIDENT 331/X — 3 Months
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 [X] NO [ ]

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 9/15/58, to 9/28/58 and last saw him alive on 9/28/58
Death occurred at 9:40 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): V. A. Codiga V.A.CODIGA M.D.

22b. ADDRESS: VAH, St Louis, Missouri

22c. DATE SIGNED: 9/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-29-58

23c. NAME OF CEMETERY OR CREMATORY: Local

23d. LOCATION (City, town, or county) (State): Carrollton Ill

24. FUNERAL DIRECTOR: Albert H. Hoppe — ADDRESS: 4700 Washington

25. DATE RECD. BY LOCAL REG.: SEP 29 '58

26. REGISTRAR'S SIGNATURE: Earl 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 .....

Licensed Embalmer No. 4108

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.