

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038429

STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 317 Primary Registration District No. 545 Registrar's No. 2615

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MAPLEWOOD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MAPLEWOOD ⁴⁵³⁴ / ₇₀
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2553 BIG-BEND		Length of stay in 1b 25 YRS	d. STREET ADDRESS (If outside, give location) 2553 BIG-BEND
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last LENORA ELLEN VOLZ HARNESS			4. DATE OF DEATH Month Day Year 10 10 58			
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-3-1882	9. AGE (In years last birthday) 76	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) JEFFERSON Co MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES. M. HARNESS	13b. MOTHER'S MAIDEN NAME MELISSA - DACE	14. NAME OF HUSBAND OR WIFE JOSEPH. P.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address STANLEY VOLZ - 2553 Big BEND.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC INSUFFICIENCY		INTERVAL BETWEEN ONSET AND DEATH 2 Mo 13.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE	1 yr 4
	DUE TO (c) 4200	
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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from AUG. 7, 1957 to OCT. 10, 1958 and last saw her ^{him} alive on OCT. 4, 1958 Death occurred at OCT. 10, 1958 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert E. Koeh, M.D. (Degree or title)	22b. ADDRESS 35 N. Central, Clayton, Mo.	22c. DATE SIGNED 10-10-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-13-58	23c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK	23d. LOCATION (City, town, or county) (State) ST. LOUIS Co MO
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24. FUNERAL DIRECTOR JAY-B-SMITH FUNERAL HOME.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-12-58	26. REGISTRAR'S SIGNATURE Herbert P. Dombke M.D.
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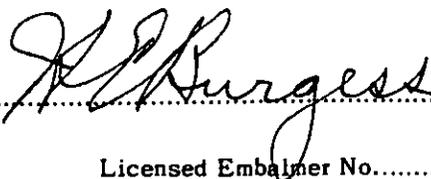
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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  _____
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.