

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041659

STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10569

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 checked="" 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 D.O.A. Phillips		Length of stay in lb 45 yrs. 20/8	d. STREET ADDRESS (If outside, give location) 2618 Burd Avenue
3. NAME OF DECEASED (Type or print) First FREEMAN Middle Last HARRIS		4. DATE OF DEATH Month November Day 1 Year 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH ? 1898
9. AGE (In years last birthday) Abt. 60		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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (City and state or country) Blytheville, Ark. / U. S. A.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Henry Harris	
13b. MOTHER'S MAIDEN NAME Fannie Daniels		14. NAME OF HUSBAND OR WIFE Johnnie Harris	
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. 475-14-8625	17. INFORMANT Address Acey Strickland 2618 Burd Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) External hemorrhage; 2. Traumatic amputation of the right leg; 3. Compound fracture of the left leg, suffered when the auto- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) mobile in which deceased was a passenger and being driven by one Melvin Briggs was struck from the rear by auto operated by one Nathaniel Simms at the inter- PART II. OTHER SIGNIFICANT CAUSATION (Do not enter more than one condition) section of 17th and Franklin, about 2:54 a.m. Nov 1, 1958 CRIMINAL CARELESSNESS ON THE PART OF NATHANIEL SIMMS.			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE Crim. Carelessness		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) (see above)	
20c. TIME OF INJURY Hour Month, Day, Year 2:54 A.M. 11/1/58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25 street		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 3:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) Patrick P. Taylor Coroner		22b. ADDRESS 1500 Clark	
22c. DATE SIGNED 11.3.58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/7/58	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Charles J. Gates 4107 Finney		25. DATE RECD. BY LOCAL REG. Nov 5 '58	26. REGISTRAR'S SIGNATURE Charles Smith MO <i>mjb</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(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 *Georgette Swan*
.....

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Av

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.