Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042700
STATE FILE NUMBER

57812

Filed NOV 18 1958 Registration District No. 312 Primary Registration District No. 541 541 Registrar's No. 2901

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Kirkwood 4000 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Marys Hospital — Length of stay in Ib 11 Days	d. STREET ADDRESS (If outside, give location) Rott Road - Box 150 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANNE Middle TAMARA Last HARRISON — ANNE TAMARA HARRISON

4. DATE OF DEATH: Month November Day 10 Year 1958

5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: October 29, 1958 | 9. AGE (In years last birthday): 11 | IF UNDER 1 YEAR: Months / Days 11 | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (City and state or country): St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Robert Harrison | 13b. MOTHER'S MAIDEN NAME: Shirley Ann Kunzelman | 14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mr. Robert Lee Harrison - Address Rott Rd. Box 150 Kirkwood, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) IMMATURITY — INTERVAL BETWEEN ONSET AND DEATH 8 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) PREMATURITY — —

DUE TO (c) 776X

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 ☐ NO ☒ 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 10·29·58 to 11·9·58 and last saw her alive on 11·9·58

Death occurred at 1:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo Gowen MD (Degree or title) | 22b. ADDRESS 337 W. Lockwood St Louis 19 Mo | 22c. DATE SIGNED 11.10.58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Nov. 11, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair | 25. DATE RECD. BY LOCAL REG. 11-10-58 | 26. REGISTRAR'S SIGNATURE Herbert B. Demke MD

(Licensed Embalmer's Statement on Reverse Side)

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.

THIS REMAINS IS NOT EMBALMED

Student .....
Signature of Student Embalmer

Signed Robert B. MacLach

Licensed Embalmer No. .....

P. O. Address St. Louis, Mo

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.