THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003022
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 353

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Faith Hospital — Length of stay in 1b: 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Jennings — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2349 Meadowlark — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ROSS — Middle: — Last: HARPER
4. DATE OF DEATH: Month: Jan. Day: 10 Year: 1959
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 21 1877
9. AGE (In years last birthday): 81 — 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): Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Food
11. BIRTHPLACE (City and state or country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Thomas Harper
13b. MOTHER'S MAIDEN NAME: Molly Million
14. NAME OF HUSBAND OR WIFE:
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.: 489 03 0583
17. INFORMANT: Frank Harper — Address: 3615 a Clarence Ave.

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): Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 13 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Anemia — 1 mo.
DUE TO (c): Undetermined 422.2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pleural Effusion
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Dec 58, to Jan 59 and last saw her/him alive on 9 Jan 59
Death occurred at 6:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Leonard J. Lopp, M.D.
22b. ADDRESS: 6917 W. Florissant
22c. DATE SIGNED: 12 Jan 59
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 1/13/59
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county): St. Louis County (State): Mo.
24. FUNERAL DIRECTOR: Buchholz Mortuary — ADDRESS: 5967 W. Florissant
25. DATE RECD. BY LOCAL REG.: JAN 12 '59
26. REGISTRAR'S SIGNATURE: Paul Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 Wilfred N Buchho

Licensed Embalmer No. 4551

P. O. Address St Louis

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.