

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007185  
STATE FILE NUMBER  
2 1920

FILED MAR 10 1959 Registration District No. Primary Registration District No. Registrar's

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>7</b>                           |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis, Missouri</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <b>St. Louis</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips D. O. A.</b><br>Length of stay in 1b  |  | d. STREET ADDRESS (If outside, give location) <b>2409 Division Apt. 902</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

|   |                               |  |  |   |   |  |
|---|-------------------------------|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Michael</b> Middle <b>Anthony</b> Last <b>Harris</b>                              |                               |  | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>22</b> Year <b>1959</b> |   |   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Sept. 26, 1958</b>                               |   | 9. AGE (In years last birthday)<br>IF UNDER 1 YEAR<br>Months <b>4</b> Days <b>27</b> Hours <b></b> Min. <b></b><br>IF UNDER 24 HRS. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>                           |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>  |  | 11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b> |   |  |
| 13. FATHER'S NAME <b>Johnny Harris</b>  |                               |  | 14. MOTHER'S MAIDEN NAME <b>Lettie Beatrice Bradley</b>              |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b><br>(If yes, give war or dates of service) <b>None</b> |                               | 16. SOCIAL SECURITY NO. <b>None</b>  |  | 17. INFORMANT Address <b>Mr. Johnny Harris 2409 Division Apt. 902</b> |   |  |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gastro-enteritis</b> |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>571.0</b>                |  |   |
| 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?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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|---|--|---|--|---|--|
| 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.) |   |  |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____ 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 |  |

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her <sup>him</sup> alive on \_\_\_\_\_  
Death occurred at **945 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 22a. SIGNATURE (Degree or title) <b>Patrick J. Taylor Coroner</b> |  | 22b. ADDRESS <b>1300 Clark</b>  |  | 22c. DATE SIGNED <b>2/23/59</b>                                   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>          |  | 23b. DATE <b>2/26/59</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson Cemetery</b> |  |
|   |  | 23d. LOCATION (City, town, or county) <b>St. Louis County, Missouri</b> |  |   |  |

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|--|--|--|--|---|--|
| 24. FUNERAL DIRECTOR ADDRESS <b>G. Wade Granberry 4202 Finney Ave.</b> |  | 25. DATE RECD. BY LOCAL REG. <b>FEB 24 '59</b> |  | 26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b> |  |
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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edward A Flynn*.....

Licensed Embalmer No. 444

P. O. Address 4202 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.