THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007420
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1589

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 X No ☐	c. CITY OR TOWN ST. LOUIS — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3862, PAGE BLVD — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3862, PAGE Blvd — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First HARRETT Middle Last Martin		4. DATE OF DEATH Month 2 Day 10 Year 1959	
5. SEX FEMALE	6. COLOR OR RACE COL.	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 9 / 21 / 1917
9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 4 Days 19	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMISTICTS	11. BIRTHPLACE (City and state or country) BROOKLYN ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME EDWARD JOHNSON		14. MOTHER'S MAIDEN NAME KATIE HUFFMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO.	17. INFORMANT Lula B. Manion Address 5512, MAPLE 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) Fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (c) ____ 934.C46

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) suffered in area struck by tornado, February 10th 1959 about 220 am.

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT X 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. 220 Month, Day, Year 2 10 59

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.) 111 Home

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 340A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Lucas Deputy Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 3/11/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2-17-59	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY
23d. LOCATION (City, town, or county) ST. LOUIS, MISSOURI (State)		
24. FUNERAL DIRECTOR John H Houston ADDRESS 2812 THOMAS STREET	25. DATE RECD. BY LOCAL REG. FEB 14 '59	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casualty related. Coroner cannot certify to a death due to natural causes.

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.....

Licensed Embalmer No.....

P. O. Address 2812 ...

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.