

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007857  
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 599

300  
-57

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAYTON MO</b>		c. CITY OR TOWN <b>ELMWOOD PARK MO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST LOUIS COUNTY</b>		d. STREET ADDRESS <b>1000 33 CHICAGO</b>	
Length of stay in lb <b>18 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Napolean</b> Middle <b>Harvey</b> Last <b>Harvey</b>			4. DATE OF DEATH Month <b>3</b> Day <b>3</b> Year <b>59</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 1 1869</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>YARDWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LABORER</b>		11. BIRTHPLACE (City and state or country) <b>MASON CITY TENN.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN HARVEY</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT <b>REV. HANNAH</b>		Address <b>100033 CHICAGO</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Malnutrition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>150X</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Primary Carcinoma of Esophagus</b>	
	DUE TO (c) <b>Generalized Arteriosclerosis - Coronary Arteriosclerosis - Arteriole Nephrosclerosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Arteriosclerosis - Coronary Arteriosclerosis - Arteriole Nephrosclerosis</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 Hour <b>12:35</b> Month <b>3</b> Day <b>3</b> Year <b>59</b> 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 <b>60150 Brentwood</b>	COUNTY <b>MO</b> STATE

21. I attended the deceased from <b>2-21-59</b> to <b>3-3-59</b> and last saw her alive on <b>3-3-59</b> Death occurred at <b>12:35</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>J. Harrison Jr. M.D.</b> (Degree or title)	22b. ADDRESS <b>60150 Brentwood</b>	22c. DATE SIGNED <b>3-3-59</b>

23a. BURIAL, CREMATION, REBURYAL (Specify) <b>Burial</b>	23b. DATE <b>3-9-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FATHER DICKSON</b>	23d. LOCATION (City, town, or county) <b>CRESTWOOD</b>	(State) <b>MO</b>
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24. FUNERAL DIRECTOR <b>T.T. YANDELL &amp; SONS</b>	ADDRESS <b>177E. KIRKHAM</b>	25. DATE RECD. BY LOCAL REG. <b>3-5-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Frederic J Vandell*

Licensed Embalmer No. *4243*

P. O. Address *1308 Eldridge  
White Plains*

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.