

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019214
STATE FILE NUMBER
24619

ITEM 23C CORRECTED
BY AFFIDAVIT OF FUNDIR

5-15-59 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAY 26 1959

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Assoc City Hosp</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>2213 R. Franklin</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Henry</i> Middle _____ Last <i>Harris</i>			4. DATE OF DEATH Month <i>May</i> Day <i>10</i> Year <i>1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>29 May 1900</i>	9. AGE (In years birthday) <i>58</i>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Mississippi</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13. FATHER'S NAME <i>Wade Harris</i>		14. MOTHER'S MAIDEN NAME <i>Anna Howard</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Annie Jackson</i>		Address <i>2807 Cass Ave</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>			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) <i>420.1</i>			
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 <input type="checkbox"/> NO <input checked="" 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 _____ 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 alive on _____
Death occurred at *915A* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul Simon Korner</i>		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>5/11/59</i>	
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23a. BURIAL, CREMATION, OR OTHER DISPOSAL <i>Removal</i>		23b. DATE <i>18 May 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Oakdale Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	
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24. FUNERAL DIRECTOR <i>Reliable Funeral Sys.</i>		ADDRESS <i>1389 N. Union</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 12 '59</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service 38 3000 -56
 diseases in Part I must be causally related. Carcener cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John K. Cannon*.....

Licensed Embalmer No. *44*.....

P. O. Address *24057*.....

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.