

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023617
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1560

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		c. CITY OR TOWN Ferguson 4119	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 909 Maurice		d. STREET ADDRESS (If outside, give location) 909 Maurice	
3. NAME OF DECEASED (Type or print) First William Middle Leo Last Harrington		4. DATE OF DEATH Month June Day 7 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 18, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter Carrier		11. BIRTHPLACE (City and state or country) Washington D. C.	
13a. FATHER'S NAME John Harrington		14. NAME OF HUSBAND OR WIFE Clarissa H. Harrington	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Clarissa H. Harrington	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion & Infarct. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary artery Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 15 minutes 2 1/2 yrs
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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 Nov 1956 to 7 June 59 and last saw him alive on 13 May 59 Death occurred at 1:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Eugene W. Hall MD		22b. ADDRESS 1160 So Florissant Rd	
		22c. DATE SIGNED 8 June 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-10-59	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		23d. LOCATION (City, town, or county) (State) Normandy, Mo.	
24. FUNERAL DIRECTOR ADDRESS WHITE-MULLEN MORT. Ferguson, Mo.		25. DATE RECD. BY LOCAL REG. 6-8-59	
26. REGISTRAR'S SIGNATURE J. C. Mumfley M.D. JR.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Richard V. Schumann*

Licensed Embalmer No. *3395*

P. O. Address *Ferguson 354*

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.