

Health
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026726
STATE FILE NUMBER

FILED VS AUG 5 1959

2 7034

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

S. 300
v. 1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | c. CITY OR TOWN ST. LOUIS, MO. | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1 | | d. STREET ADDRESS (If outside, give location) 712 A CARR | |
| 3. NAME OF DECEASED (Type or print) First Rosetta Middle Last Harrison | | 4. DATE OF DEATH Month 6 - Day 20 - Year 59 | |
| 5. SEX FEMALE | 6. COLOR OR RACE NEGRO | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 2/17/20 |
| 9. AGE (In years last birthday) 39 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ? | 10b. KIND OF BUSINESS OR INDUSTRY ? | 11. BIRTHPLACE (City and state or country) MISSOURI | 12. CITIZEN OF WHAT COUNTRY? ? |
| 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME ROSE WILLIAMS | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ? | | 16. SOCIAL SECURITY NO. ?? | 17. INFORMANT Address ST. LOUIS CITY HOSP. #1. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basilar meningitis, probably B-Strep Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Septicemia DUE TO (c) Lung abscess PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyelitis bilateral. Cystitis. | | | INTERVAL BETWEEN ONSET AND DEATH Days day-week months |
| 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 5-18-59 to 6-20-59 and last saw her/him alive on 6-20-59 Death occurred at 805A on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R. C. Jones, M.D. | | 22b. ADDRESS 1515 Lafayette Ave. | |
| 22c. DATE SIGNED 6-20-59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 7-31-59 | |
| 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Rowland Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo. | | 25. DATE RECD. BY LOCAL REG. JUL 30 59 | |
| | | 26. REGISTRAR'S SIGNATURE Carl Smith, M.D. | |

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

Licensed Embalmer No.....

P. O. Address.....

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.