URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 16 1959

59-041928

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9538

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St.Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b 25 hrs

c. CITY OR TOWN Webster Groves — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 307 Hillside — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First PERCY Middle HARRISON Last

4. DATE OF DEATH Month Day Year Oct. 15,1959

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 10-20-1866

9. AGE (last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R.Agent-retired

10b. KIND OF BUSINESS OR INDUSTRY Railway

11. BIRTHPLACE (City and state or country) Booneville Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Capt.Harrison

13b. MOTHER'S MAIDEN NAME Maria Lou Howard

14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. None

17. INFORMANT J.W.Wenom Address 122a W.Lockwood

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Broncho pneumonia	24 hrs
DUE TO (b)	Fracture Rt Hip	36 hrs.
DUE TO (c)	Arteriosclerotic vascular disease	chr.

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

O.K. Joseph M Quinn Deputy Coroner 10/20/59

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chr. Bronchitis + Bronchiectasis. Little strokes

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Fell to floor in hallway of his home

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10 14 59

903.020

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 3W

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 307 Hillside

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

21. I attended the deceased from 1954, to Oct 15 1959 and last saw her/him alive on 10 15 59.

Death occurred at 3 15 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O D Seabaugh MD

22b. ADDRESS Webster Groves Mo

22c. DATE SIGNED 10 17 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10-19-1959

23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery

23d. LOCATION (City, town, or county) Booneville (State) Mo.

24. FUNERAL DIRECTOR Parker-Aldrich ADDRESS Webster Groves Mo.

25. DATE RECD. BY LOCAL REG. 10-17-1959

26. REGISTRAR'S SIGNATURE Earl Smith M.D. MDC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

287

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_____ Signed Leslie Nolch

Signature of Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Webster Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.