URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042782
STATE FILE NUMBER

FILED VS DEC 3 1959

NDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 9000

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON
Length of stay in 1b 3 HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSP.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ST. LOUIS
c. CITY OR TOWN WEBSTER GROVES
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 916 ENNIS
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Anna Middle M. Last Harden
4. DATE OF DEATH Month 11 Day 9 Year 1959
5. SEX F
6. COLOR OR RACE NEGRO
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 4-22-1880
9. AGE (last birthday) 79
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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) ABINGDON, VA.
12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME ALBERT PIERSON
13b. MOTHER'S MAIDEN NAME SARAH DAVIS
14. NAME OF HUSBAND OR WIFE R. E. HARDEN
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. —
17. INFORMANT V. S. HARDEN Address 1343 BLACKSTONE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio sclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 3 Hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-9-59, to 11-9-59 and last saw her/him alive on 11-9-59
Death occurred at 11:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) J. Marshall Murphy M.D.
22b. ADDRESS 601 So. Brentwood Clayton
22c. DATE SIGNED 11/10

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11-14-59
23c. NAME OF CEMETERY OR CREMATORY FERRER DICKSON
23d. LOCATION (City, town or county) (State) ST. LOUIS COUNTY, MO.
24. FUNERAL DIRECTOR RUSSELL UND. CO. ADDRESS 2732 PINE ST.
25. DATE RECD. BY LOCAL REG. 11-12-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 4681

P. O. Address St. Lou

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