

JRI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004413

FILED VS FEB 1 1960

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 191 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>	Length of stay in 1b <u>15 yrs.</u>	c. CITY OR TOWN <u>Kirkwood</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1052 N. Woodlawn</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1052 N. Woodlawn</u>

3. NAME OF DECEASED (Type or print) First <u>RAYMOND</u> Middle <u>JOHN</u> Last <u>HARTER</u>	4. DATE OF DEATH Month <u>Jan.</u> Day <u>18,</u> Year <u>1960</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-26-1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wagner Painting</u>	11. BIRTHPLACE (City and state or country) <u>Chrisney, Ind.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>William Harter</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Marie Harter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>327-09-5726</u>	17. INFORMANT <u>Kirkwood 22, Missouri</u> <u>Pearl M. Harter-1052 N. Woodlawn</u>
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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
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IMMEDIATE CAUSE (a) _____

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

DUPLICATE (b) Coronary Atherosclerosis

DUPLICATE (c) Arterio-sclerosis (General)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

note: Pat died suddenly from pain in arms & abdomen. Police & coroner checked circumstances & agreed it was not to be signed.

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 <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 & PART II of item 18.) _____
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year _____
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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 _____
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21. I attended the deceased from 3/26/48 to 11/16/58 and last saw him alive on 11/16/58
Death occurred at 7 am 1/18/60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>A. Victor Reese M.D.</u>	22b. ADDRESS <u>1206 Hochwood Webster Groves, Mo.</u>	22c. DATE SIGNED <u>1/19/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-20-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Spencer Heights Mem. Pk.</u>	23d. LOCATION (City, town, or county) (State) <u>Mound, Ill.</u>
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24. FUNERAL DIRECTOR <u>Pfitzinger Mort-Kirkwood 22, Mo.</u>	ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>1-19-60</u>	REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signature

Licensed Embalmer No. 36

P. O. Address Stouck

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.