

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-008305

FILED VS FEB 25 1960

2 1456

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived) (If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Belle St. Louis, Mo.</u>		c. CITY OR TOWN <u>Bellefontaine Neighbors</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Christian Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>9236 Filibert Dr.</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Irma E. Harding</u>			4. DATE OF DEATH Month Day Year <u>Mon. Feb. 8 1960</u>		
5. SEX <u>female</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>Jan. 7, 1907</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk, Emerson Electric Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Herman Schmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Unk</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. J. Harding Jr.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT <u>Dr. Neighbors, Bellefontaine, Mo. Wm. J. Harding Jr., 9236 Filibert</u>	

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 <u>2 months</u>
IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of Liver</u>			
DUE TO (b) <u>Schirrhous Carcinoma of left breast</u>			
DUE TO (c) <u>170x</u>			<u>1 year</u>

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 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 <u>8-11-55</u> to <u>2-8-60</u> and last saw her/him alive on <u>2-8-60</u> Death occurred at <u>640 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Of registrar or title) <u>Robert C. N. ... M.D.</u>	22b. ADDRESS <u>4356 Warne Avenue (7)</u>	22c. DATE SIGNED <u>2-8-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>2-10-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>
23d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>		

24. FUNERAL DIRECTOR ADDRESS <u>Southern Funeral Home 6322 S. Grand, St. Louis, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>FEB 8 1960</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr Robert C. Mc Elvain  
4356 Name & W. House

**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

Signed

*Joseph W. Farnsworth*

Licensed Embalmer No. 4342

P. O. Address St. Louis, Mo.

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.