

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS APR 12 1960

60-012681
 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3635**

23d-d Father Dickson Cem. St. Louis Co., Mo.
 24 William's Funeral Home Rowland - Aker Mortuary
 BY AFFIDAVIT OF Funeral Director DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2316 Franklin
3. NAME OF DECEASED (Type or print) First Thomas Middle Harris Last Harris		4. DATE OF DEATH Month 3 Day 14 Year 60	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	8. DATE OF BIRTH Unknown
9. AGE (last birthday) 87	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) Unknown		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Unknown
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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. Unknown	17. INFORMANT Address Mrs. M. Jett, R.R.L. 2601 N. Whittier St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HSD.O			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome, Malnutrition, Dehydration		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year	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 3-8-60 , to 3-14-60 and last saw ^{xxx} him alive on 3-14-60		Death occurred at 12:35 a. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or Title) <i>Audrey D. Chase</i>		22b. ADDRESS 2601 N. Whittier St.	22c. DATE SIGNED 3-14-60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE May 13, 1960 MAR 31 1960	23c. NAME OF CEMETERY OR CREMATORY Rowland Aker Mortuary Service Williams Funeral Home, 1914 N. Sarah	23d. LOCATION (City, town, or county) (State) St. Louis, Mo. St. Louis Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Rowland Aker Mortuary Service Williams Funeral Home, 1914 N. Sarah	25. DATE RECD. BY LOCAL REG. MAR 31 1960	26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i> m & c.	

St. Louis 10. No

(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
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.