

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

-60-016901

2 4013

STATE FILE NUMBER

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 2 wks	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer C. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4540 Cottage Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Kelly Kelly Middle (James) Last Harris			4. DATE OF DEATH Month 4 Day 11 Year 60
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/11/1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 54 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Jackson, Tennessee		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Louis Harris		13b. MOTHER'S MAIDEN NAME Annie Lindsey	14. NAME OF HUSBAND OR WIFE Mary Flora Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If Yes, give war or date of service) Yes World War 2		16. SOCIAL SECURITY NO. 375-09-1890	17. INFORMANT Address Mary Flora Harris 4540 Cottage Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitus DUE TO (b) 260X DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Undet.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Streptococcus Septicemia, Abscess of Right Elbow			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 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 4-1-60 to 4-11-60	COUNTY STATE St. Louis, Missouri
21. I attended the deceased from 4-1-60 to 4-11-60 and last saw him alive on 4-11-60 Death occurred at 5:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. D. Richards M.D.		22b. ADDRESS 2601 N. Whittier St.	22c. DATE SIGNED 4-12-60
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 4/14/60	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR E. B. Kessel	ADDRESS 1221 N. Grand Blvd.	25. DATE RECD. BY LOCAL REG. APR 12 1960	26. REGISTRAR'S SIGNATURE Joan Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

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. 7055
 P. O. Address 1221 Gros

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