

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021020

FILED VS JUN 9 1960

318

Primary Registration District No. 1003

Registrar's No. 5672

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, MISSOURI		Length of stay in 1b 32 Yrs.	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3180 Morganford Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH M. HARRIS			4. DATE OF DEATH Month Day Year MAY 31 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/31/00	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maint. Man		10b. KIND OF BUSINESS OR INDUSTRY Bank Jeff. Gravois		11. BIRTHPLACE (City and state or country) Advance, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Harris		13b. MOTHER'S MAIDEN NAME Nancy Bollinger		14. NAME OF HUSBAND OR WIFE Ella Harris		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Yes(Unk)		17. INFORMANT Ella Harris, 3180 Morganford Rd. Address		

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
IMMEDIATE CAUSE (a) GENERALIZED CARCINOMATOSIS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) STATUS POST-OPERATIVE ESOPHAGOGASTRECTOMY	6 MONTHS
	DUE TO (c) CARCINOMA OF ESOPHAGUS 150x	2 YEARS
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 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 COUNTY STATE
21. I attended the deceased from FEB. 16, 1960 to MAY 31, 1960 and last saw her him alive on MAY 31, 1960 Death occurred at 9:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. Vermillion, M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 6/1/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/4/60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) St. Louis Co., Mo.

24. FUNERAL DIRECTOR McLaughlin Funeral Home, Inc. 2301 Lafayette	25. DATE RECD. BY LOCAL REG. JUN 1 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. mje
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

RECEIVED FEB 22 1948

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 H. Y. Jarvis

Licensed Embalmer No. 3384

P. O. Address St Louis

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