MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

NDED

60-025303
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1801

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wellston
Length of stay in 1b: 39 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1154 Sutter
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Wellston
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1154 Sutter
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sallie Middle: Catherine Last: Harper
4. DATE OF DEATH: Month June Day 9 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept. 18 1864
9. AGE (last birthday): 95
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): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Private Nurse
11. BIRTHPLACE (City and state or country): Bachelor, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: James H. Bradley
13b. MOTHER'S MAIDEN NAME: Sarah Craighead
14. NAME OF HUSBAND OR WIFE: Johnson B. Harper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Bertie Williams, Address: 1154 Sutter

MEDICAL CERTIFICATION

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)	Arteriosclerotic heart disease	5 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	20 yr.
DUE TO (c)		

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 ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1952, to June 9, 1960 and last saw her/him alive on June 6, 1960
Death occurred at 1:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lois C. Wyatt, MeD.
22b. ADDRESS: 134 W. Adams
22c. DATE SIGNED: 6-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 11, 1960
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, County, Mo.
24. FUNERAL DIRECTOR: Shepard Funeral Home, ADDRESS: 1167 Hamilton
25. DATE RECD. BY LOCAL REG.: 6-10-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

Signed Lawrence O. Gerk

Licensed Embalmer No. 4979

P. O. Address St. Louis

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