ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 1003 Primary Registration District No. 1003 Registrar's No. 1407 STATE FILE NUMBER 61-006540

FILED VS FEB 2 8 1961

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

c. CITY OR TOWN St. Louis Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Enroute City Hospital Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 5524 Natural Bridge Blvd. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Ruben Middle L. Last Harper

4. DATE OF DEATH Month February Day 10 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]

8. DATE OF BIRTH 5/25/1899

9. AGE (last birthday) 61 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) Custodian

10b. KIND OF BUSINESS OR INDUSTRY Apartment Building

11. BIRTHPLACE (City and state or country) Stoddard County, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Harper

13b. MOTHER'S MAIDEN NAME Rebecca Patrick

14. NAME OF HUSBAND OR WIFE Thelma Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Joseph Harper, 7508 Marilac Drive., Normandy, Missouri. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Shot gun wound of chest, self inflicted

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) In home on February 10, 1961

DUE TO (c) Suicide

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976x

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 2-10-61

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION St Louis, Mo COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 12:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M Quinn Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 2-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2/11/61

23c. NAME OF CEMETERY OR CREMATORY Idalia Cemetery

23d. LOCATION (City, town, or county) (State) Stoddard County, Missouri.

24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., ADDRESS 4700 Washington Blvd.,

25. DATE RECD. BY LOCAL REG. FEB 11 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

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.