

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Mo.	b. COUNTY St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		c. CITY OR TOWN Jennings St. Louis	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb		d. STREET ADDRESS 5516 Hamilton Ave.	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last DAVID WILSON HARPER			4. DATE OF DEATH Month Day Year July 18 1961	
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 12/16/1888	9. AGE (last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY Church Wesley Methodist	11. BIRTHPLACE (City and state or country) Pope Co., Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME David W. Moore		13b. MOTHER'S MAIDEN NAME Cynthia Frizell		14. NAME OF HUSBAND OR WIFE Helen Harper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state or branch, and dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Helen Harper 5516 Hamilton Ave.	

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 7/18/61
IMMEDIATE CAUSE (a) Acute myocardial failure		
DUE TO (b) General Atherosclerosis		
DUE TO (c) Abdominal Aortic Aneurysm		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 451x		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 checked="" type="checkbox"/> NO <input 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 6/26/61 to 7/18/61 and last saw him alive on 7/18/61 Death occurred at 7/19/61 10A m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	22b. ADDRESS 7315 Pasadena Blvd #2 St. Louis	22c. DATE SIGNED 7/19/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/21/1961	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) Metropolis Ill.
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24. FUNERAL DIRECTOR JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.	25. DATE RECD. BY LOCAL REG. JUL 20 1961	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

airrol .JC

airrol .JC

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

J.M. Rister

Licensed Embalmer No.

3980

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.