

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-046383  
STATE FILE NUMBER

AMENDED

HAVE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Registration District No. **318**  
**FILED DEC 21 1961**

Primary Registration District No. **1003** Registrar's No. **11684**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Saint Louis</b>            |  | Length of stay in 1b<br><b>45 yrs.</b>  | c. CITY OR TOWN <b>Saint Louis</b>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1243 Amherst</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1243 Amherst</b> |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |  |   |  |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>HATTIE</b> Middle <b>HARRISON</b> Last |  |  | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>12</b> Year <b>1961</b> |  |  |
|--|--|--|--|--|--|

|                         |                                  |   |                                   |                                     |   |                |
|-------------------------|----------------------------------|---|-----------------------------------|-------------------------------------|---|----------------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>Negro</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1/3/95</b> | 9. AGE (last birthday)<br><b>66</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
|-------------------------|----------------------------------|---|-----------------------------------|-------------------------------------|---|----------------|

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|--|--|--|--|
| 10a. USUAL OCCUPATION (Give time for work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>--</b> | 11. BIRTHPLACE (City and state or country)<br><b>Columbus, Miss.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
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| 13a. FATHER'S NAME<br><b>Joe Banner</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Lewis Harrison</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 17. INFORMANT<br>Address<br><b>Lewis Harrison, 1243 Amherst</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>   |  | <b>1 hr</b>                      |
| DUE TO (b) <b>Hypertension</b>   |  | <b>6 hrs</b>                     |
| DUE TO (c) <b>4201</b>   |  |                                  |

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| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>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 |
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| 21. I attended the deceased from <b>2 PM Jan 1-61</b> to <b>Dec 12-61</b> and last saw her/him alive on <b>12/12/61</b><br>Death occurred at <b>2 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |
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|   |   |                                     |
|---|---|-------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Walter K. Young MD</b> | 22b. ADDRESS<br><b>4635 Easton St. Mo</b> | 22c. DATE SIGNED<br><b>12/13/61</b> |
|---|---|-------------------------------------|

|  |                              |   |   |
|--|------------------------------|---|---|
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>12/18/61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |
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| 24. FUNERAL DIRECTOR<br><b>Charles J. Gates, 4107 Finney</b> | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 15 1961</b> | 26. REGISTRAR'S SIGNATURE<br><b>Loed Smith, M.D.</b> |
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DOCUMENT

MEDICAL CERTIFICATION

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *Guylton Swann*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.