

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004886

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 212

**FILED JAN 29 1962**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maplewood</b>		c. CITY OR TOWN <b>Maplewood</b>	
Length of stay in 1b <b>yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3414 Oxford Avenue</b>		d. STREET ADDRESS (If outside, give location) <b>3414 Oxford Ave.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>EUGENE</b> Middle <b>C.</b> Last <b>HARNEY</b>			4. DATE OF DEATH Month <b>January</b> Day <b>15</b> Year <b>1962</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 11,</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>credit dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dept. store</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>James Harney</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret</b>	
14. NAME OF HUSBAND OR WIFE <b>Helen M. Harney</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Paul Harney, 3414 Oxford Avenue</b>		17. 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) <b>Coronary Occlusion</b>			<b>5 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <b>Coronary Artery Disease</b>			<b>20 yrs</b>
DUE TO (c) <b>Arterio Sclerotic Cardio Vas. Dis.</b>			<b>20 yrs</b>
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 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 <b>St. Louis, Missouri</b>
21. I attended the deceased from <b>June 5, 1946</b> to <b>Jan 15, 1962</b> and last saw <sup>her</sup> him alive on <b>Jan 15, 1962</b> Death occurred at <b>8 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <b>Norman W. Deay M.D.</b>	22b. ADDRESS <b>634 N. Grand</b>	22c. DATE SIGNED <b>1/16/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>Jan. 18, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>	24. FUNERAL DIRECTOR <b>M.J. Croghan, 7825 Big Bend</b>	25. DATE RECD. BY LOCAL REG. <b>1-16-62</b>
26. REGISTRAR'S SIGNATURE <b>John E. Murphy M.D.</b>		

Webster Groves, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

624710 General

Faint, mostly illegible text from the reverse side of the certificate, including names and dates.

**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 Van M. Sigerson

Licensed Embalmer No. 1313

P. O. Address St. Paul, 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.

Faint text at the bottom of the page, possibly including a date and location.