

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028713

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7384

STATE FILE NUMBER

FILED AUG 6 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>St. Louis, Mo.</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u> Length of stay in lb _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hosp. #1</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY _____</p> <p>c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>5717 A. St. Louis Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First <u>Ernestine</u> Middle _____ Last <u>Harden</u></p>	
<p>4. DATE OF DEATH Month <u>July</u> Day <u>24</u> Year <u>1962</u></p>	
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>Negro</u></p>
<p>7. Married <input checked="" type="checkbox"/> <u>Widowed</u> <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1-25-1929</u></p>
<p>9. AGE (last birthday) <u>33</u></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Tunica Mississippi</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u></p>
<p>13a. FATHER'S NAME <u>Littleton Brewer</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Virginia Eryson</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Arnell Harden</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>
<p>16. SOCIAL SECURITY NO. _____</p>	<p>17. INFORMANT <u>Arnell Harden</u> Address <u>5717 A. St. Louis Ave.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>UREMIA</u></p> <p style="text-align: center;">DUE TO (b) <u>CHRONIC GLOMERULOPHRENTIS</u></p> <p style="text-align: center;">DUE TO (c) <u>592X</u></p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>7/13/62</u> to <u>7/24/62</u> and last saw her alive on <u>7/24/62</u></p> <p>Death occurred at <u>8:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Thomas J. Kelton M.D.</u></p>	<p>22b. ADDRESS <u>1515 Lafayette Ave.</u></p>
<p>22c. DATE SIGNED <u>7/24/62</u></p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipped</u></p>
<p>23b. DATE <u>July 31 1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY _____</p>
<p>23d. LOCATION (City, town, or county) <u>Memphis, Tenn.</u> (State) _____</p>	<p>24. FUNERAL DIRECTOR <u>E. B. Koone</u> ADDRESS <u>1221 N. Grand</u></p>
<p>25. DATE RECD. BY LOCAL REG. <u>JUL 27 1962</u></p>	<p>26. REGISTRAR SIGNATURE <u>Earl Smith. M.D.</u></p>

RIZON USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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AUG 6 1962

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

Malvin Bluckhman

Licensed Embalmer No. 3962

P. O. Address

1221 N. Grand

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.