

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032467
8391 STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
24000-35
3
4 2
5 0
6
7 1
8 1
9
10
11 000
12 75-3
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

(INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 10 1962		1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis		Length of stay in 1b		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital #1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6211 Suburban Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle A. Last Harner			4. DATE OF DEATH Month Aug Day 24 Year 1962		
5. SEX male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH WT	9. AGE (last birthday) 43	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Miss	
13a. FATHER'S NAME Osial Harner		13b. MOTHER'S MAIDEN NAME Mary Green		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Osial Harner, 6211 Suburban 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) Electrocution, apparently suffered when deceased came in contact with electric wires attached to utility pole					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO Appearance of 3407 Delmar on August 24th, 1962 at about 7:40 P.M.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 914.5-46					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 checked="" 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.) See above			
20c. TIME OF INJURY Hour 7⁰⁰ a.m. p.m. Month, Day, Year 8-24-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street 21	
20f. CITY, TOWN, OR LOCATION St. Louis, Mo		COUNTY		STATE	
21. I attended the deceased from 8:40 P. to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 8/28/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Royal		23b. DATE Aug. 30/62		23c. NAME OF CEMETERY OR CREMATORY Father Jackson	
23d. LOCATION (City, town, or county) St. Louis		23e. (State) MO			
24. FUNERAL DIRECTOR F.A. Green ADDRESS 4214 Delmar		25. DATE RECD. BY LOCAL REG. AUG 28 1962		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

75

STATEMENT BY LICENSED EMBALMER

James H. Smith hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
James H. Smith or by *James H. Smith* Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James H. Smith*

Licensed Embalmer No. *2963*

P. O. Address *4214 Hillman*

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.