

FILED MAY 23 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

185339  
State File No. 4203  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 24 yrs		d. STREET ADDRESS (If rural, give location) 4434a Elmbank Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) Harry		a. (First)		b. (Middle)		c. (Last) Plant		4. DATE OF DEATH (Month) (Day) (Year) May 7 1950			
---	--	------------	--	-------------	--	--------------------	--	--	--	--	--

5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Unknown 1887		9. AGE (In years last birthday) Abt. 62		IF UNDER 1 YEAR Months   Days		IF UNDER 24 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Janitor				10b. KIND OF BUSINESS OR INDUSTRY Amelia Apts.		11. BIRTHPLACE (State or foreign country) Johnsonville, Tennessee				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Jim Plant			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Eddie Plant		
---------------------------------	--	--	--------------------------------------	--	--	--	--	--

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. 498-01-3925A		17. INFORMANT'S SIGNATURE OR NAME Eugene Plant, 4434a Elmbank Avenue			
---	--	---	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pylonephritis with Uremia						Undet.	
		ANTECEDENT CAUSES							
		DUE TO (b) Undetermined							
		DUE TO (c) Arteriosclerosis, generalized							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-9 1950, to 5-7 1950, that I last saw the deceased alive on 5-7 1950, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

22a. SIGNATURE Melaine Lawrence		(Degree or title)		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 5-8-50	
------------------------------------	--	-------------------	--	------------------------------------	--	----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Park Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
---	--	---------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. MAY 10 1950		REGISTRAR'S SIGNATURE J B Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates, 4107 Finney Avenue			
---	--	---------------------------------------	--	--	--	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No..... 4107 Finney

P. O. Address..... #4476

**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 this body is not embalmed, fact should be so stated above.