

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14346

State File No. \_\_\_\_\_

3451

No. 300  
10.48

APR 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>4268 Aldine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Hastings</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 10, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labour</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>TROY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Hastings</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIE HASTINGS</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>189-12-7864</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LILLIE HASTINGS</u>	ADDRESS <u>4268 Aldine</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Undetermined</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 <u>H4BX</u>
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22. I hereby certify that I attended the deceased from 4-7, 1952, to 4-9, 1952, that I last saw the deceased alive on 4-9, 1952, and that death occurred at 1 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Larusa W Harris M.D.</u>	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>4-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 11, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Troy Mo.</u>
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DATE REC'D BY LOCAL REG. <u>APR 12 1952</u>	REGISTRAR'S SIGNATURE <u>Earl Smith md</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u>	ADDRESS <u>Troy Mo.</u>
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1251 (Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wayne Mc Coy

Licensed Embalmer No. 3586

P. O. Address Joy 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 this body is not embalmed, fact should be so stated above.