S. No. 300
v. 10.48

FILED NOV 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36378

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9888

9023

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr Louis Mo
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hosp=1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr Louis 2269

d. STREET ADDRESS (If rural, give location) 2115 N. 13

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) c. (Last) Treese

4. DATE OF DEATH (Month) (Day) (Year) 10 5 52

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Apr 1881

9. AGE (In years last birthday) 71 | 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) Unk

10b. KIND OF BUSINESS OR INDUSTRY Unk

11. BIRTHPLACE (City and State or Foreign Country) Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Unk

13b. MOTHER'S MAIDEN NAME Unk

14. NAME OF HUSBAND OR WIFE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service) Unk

16. SOCIAL SECURITY NO. Unk

17. INFORMANT'S SIGNATURE OR NAME F. C. Taylor 1300 Clark ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 2 Subdural Hematoma

DUE TO (c) Suffered When deceased fell down five steps on Oct-4 1952

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 1:30 PM

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dr Louis SE 9000 Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 5 52 9:30 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell down 21 steps

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 9:45 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) F. C. Taylor Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED OCT 2 5 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 10-31-52

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. OCT 28 1952

REGISTRAR'S SIGNATURE J Carl Smith MD MPB

25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service 4104 Manchester Ave. ADDRESS

(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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 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.