

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2872**
Registrar's No. **0862**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor Home for the Aged 3400 S. Grand		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collinsville 8120 8 d. STREET ADDRESS (If rural, give location) 608 West Main Street	
3. NAME OF DECEASED a. (First) Mrs. Emma b. (Middle) _____ c. (Last) Harvie			4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1954
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed	8. DATE OF BIRTH March 27, 1875
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and State or Foreign Country) Highland, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Ganninger		13b. MOTHER'S MAIDEN NAME Teresa Bender	
14. NAME OF HUSBAND OR WIFE Robert Harvie		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John Reese, Sister, Collinsville, Ill	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis ANTECEDENT CAUSES DUE TO (b) Sen. Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis, Mo	
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? H20.0			
22. I hereby certify that I attended the deceased from Jan 1, 1954 , to Jan 25, 1954 , that I last saw the deceased alive on Jan 22, 1954 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. Ameyera M.D.		23b. ADDRESS 539 N. Grand	
23c. DATE SIGNED 1/25/54		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE Jan 28, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Catholic	
24d. LOCATION (City, town, or county) (State) Collinsville, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Carl Smith M.D. Funeral Home Collinsville, Ill.	
DATE REC'D BY LOCAL REG. JAN 27 1954		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Carl Smith M.D. Funeral Home Collinsville, Ill.	

10-25-1916

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 James Henry

Licensed Embalmer No. 3577

P. O. Address Collinsville, Ill.

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.