

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6508

State File No.

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1561

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) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 38 yrs	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.			e. STREET ADDRESS (If rural, give location) 19 4439 Washington Blvd.		
3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) McAllister c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1954		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1897	9. AGE (In years last birthday) 56	10. IF UNDER 1 YEAR Months 5
11. BIRTHPLACE (City and State or Foreign Country) Aberdeen, Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S. A.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY Elders Mfg. Co.	11. BIRTHPLACE (City and State or Foreign Country) Aberdeen, Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Tom McAllister		13b. MOTHER'S MAIDEN NAME Mary Sykas		14. NAME OF HUSBAND OR WIFE Mrs. Kissie McAllister	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 489-10-5724	17. INFORMANT'S SIGNATURE OR NAME Mrs. Kissie McAllister Washington ADDRESS 4439		
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) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of pancreas DUE TO (c) 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		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) (Minute)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 157X				
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 9:20A.M., from the causes and on the date stated above.					
23a. SIGNATURE Patrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2.17.54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. FEB 17 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS O. J. Nash 3847 Page			

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.....
Signature of Student Embalmer

Signed *C. J. Nash*.....

Licensed Embalmer No. *24*
P. O. Address *3847 Pa*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.