Health, Welfare Public Service

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FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 18763 5151

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. /

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jermin Desloge Hospital — Length of stay in Hospital: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lewis
c. CITY OR TOWN: Canton — Inside Limits Yes ☐ No X
d. STREET ADDRESS: 0560 Rural (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First: Aldo Middle: Clarence Last: Harscher
4. DATE OF DEATH: Month: May Day: 30, Year: 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb.2,1906
9. AGE (In years last birthday): 51 — 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): Trucking
10b. KIND OF BUSINESS OR INDUSTRY: General Trucking
11. BIRTHPLACE (City and state or country): Maywood,Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Eli Harscher
14. MOTHER'S MAIDEN NAME: Myrtle L.Nelson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs.Alda Harscher, Address: Canton,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
unknown for certain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) unknown for certain
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-26-57, to 5-30-57 and last saw her/him alive on 5-30-57
Death occurred at 6:25 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank A. Palazzo (Degree or title) O M.D.
Frank A. Palazzo MD
22b. ADDRESS 4161 LINDELL BLVD.
22c. DATE SIGNED 5-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-30-57
23c. NAME OF CEMETERY OR CREMATORY: Forest Grove Cemetery
23d. LOCATION (City, town, or county) (State): Canton,Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe,4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: JUN 1 '57
26. REGISTRAR'S SIGNATURE: J. Earl Smith - MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Harris

Licensed Embalmer No. 41

P. O. Address St. Louis

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