MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D MAR 14 1938

5124
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1769

(c) City St. Louis (d) Street No. St. Anthony's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise C. Harrison, 625

(a) Residence, No. 4507 Louisiana Ave. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas B. Harrison Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	56	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo. 0

FATHER

13. NAME Fred Hoffman 0

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo. 0

MOTHER

15. MAIDEN NAME Anna Stahlman

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Mr. Thomas B. Harrison Sr. (ADDRESS) 4507 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul's DATE Feb. 21, 1938

19. FUNERAL DIRECTOR Cullinane Brothers (ADDRESS) 1710 N. Grand Blvd

20. FILED FEB 19 1938 J. E. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938 to Feb 18, 1938

I last saw her alive on Feb 17, 1938. Death is said to have occurred on the date stated above, at 3.45 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chron) — Date of onset months

Other contributory causes of importance: Diabetes Mellitus — years

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter M Jones, M. D.

(Address) 3400 Melaniec

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. Misuse of Section in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)