

Registration District No. 791 Primary Registration District No. 1003

DECEASED
NOV 16 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2924 Barrett St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harriet E. Black.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 20th, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business St. Louis Public Schools

12. Name Sinclair Black

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Taylor
15. Birthplace N.Y. State
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. C. Roberts
(b) Address 2924 Barrett St.

17. (a) Burial (b) Date thereof 10-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director James H. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) OCT 30 1940 (b) J. A. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2924 Barrett St. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th
year 1940 hour 5.45 minute A. M.

21. I hereby certify that I attended the deceased from July 11th, 1940 to Oct. 28th, 1940
that I last saw her alive on Oct. 27th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous Nephritis

Due to Secondary; Senile Dementia

Other conditions MI
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (Cause of injury)

23. Signature Edwin J. Smith (M. D. or other) MSD
Address 3635 No. Newstead Ave Date signed 10/29/40

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

E.S. Froelich
3635th mustad ave
9-10 1-3-7-8

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 me

7-15-1922, Registered Apprentice No. 238
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

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.)

If this body is not embalmed, above space should be left blank.