No. 2
11-10-39
3-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41126

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10897

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2950a Clark Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 18 (If outside city or town limits, write "RURAL")
(d) Street No. 2950a Clark (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Harris
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ambrose Harris
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased October (Month) 15 (Day) 1870 (Year)
8. AGE: Years 70 Months 2 Days 12 If less than one day hr. min.
9. Birthplace Camden (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housework
11. Industry or business
12. FATHER Name Joseph Wells
13. FATHER Birthplace Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Emma Davis
15. MOTHER Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ambrose Harris
(b) Address 2950a Clark
17. (a) (Burial, cremation, or removal) (b) Date thereof 1-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Edmundson, Arkansas
18. (a) Signature of funeral director W. S. Wade
(b) Address 4202 Finney
19. (a) DEC 31 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1940 hour 1 minute P.M.
21. I hereby certify that I attended the deceased from Sept 4 1940 to Dec 27 1940 that I last saw him alive on Dec 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death? Cachexia
Due to Gastric Carcinoma
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Lin. A. Ulrich (M. D. or other)
Address 2335 Franklin Date signed 12-31-40

(Licensed Embalmer's Statement on Reverse Side)

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~~.....

....., ~~Registered~~ Apprentice No.....

working under my personal supervision.

Signed S. J. Watson

Licensed Embalmer No. 269 A

P. O. Address 2769 Chouteau

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

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