

No. 2  
13-40  
7-39  
X23159

FILED MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15869**

Registration District No. **784**

Primary Registration District No. **111**

Registrar's No. **818**

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:  
**St. Mary's Hospital**  
*(If not in hospital or institution, write street number or location)*

(d) Length of stay: In hospital or institution \_\_\_\_\_  
*(Specify whether)*

In this community \_\_\_\_\_  
*years, months or days*

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Mo.** (b) County **17**

(c) City or town **St. Louis**  
*(If outside city or town limits, write "RURAL")* **9**

(d) Street No. **3510 Miami**  
*(If rural, give location)*

(e) If foreign born, how long in U. S. A.? **1** years.

3. (a) PRINT FULL NAME **Harry B. Paris**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **488-07-5555**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13**  
year **1941** hour **1.30.** minute **P.M.**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Josephine Paris**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **October 9 1885**  
*(Month) (Day) (Year)*

21. I hereby certify that I attended the deceased from **April 8**, 1941 to **April 13**, 1941  
that I last saw him alive on **April 13**, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**55** **6** **4** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Heart disease**  
**Myocardial infarction**  
**Developing Thrombosis**  
Due to **Coronary artery**  
**occlusion**

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

Due to **Heart**

10. Usual occupation **Retired telephone lineman**

Other conditions **Summer lung**  
**infection**  
*(Include pregnancy within 3 months of death)*

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Frank Paris**

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

14. Maiden name **May Haley**

15. Birthplace **Michigan**  
*(City, town, or county) (State or foreign country)*

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **same above**

16. (a) Informant **Josephine Paris**

(b) Address **3510 Miami**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence \_\_\_\_\_

17. (a) **Cremation** (b) Date thereof **4/16/41**  
*(Burial, cremation, or removal) (Month) (Day) (Year)*

(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?

(c) Place: burial or cremation **Mo. Crematory**

18. (a) Signature of funeral director **Schumacher**

(b) Address **3013 Meramec**

While at work \_\_\_\_\_  
*(Specify type of place) (M. D. or other)*

19. (a) **APR 15 1941** (b) **[Signature]**  
*(Date received local Registrar) (Registrar's signature)*

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

11/20/2001

**STATEMENT BY LICENSED EMBALMER**

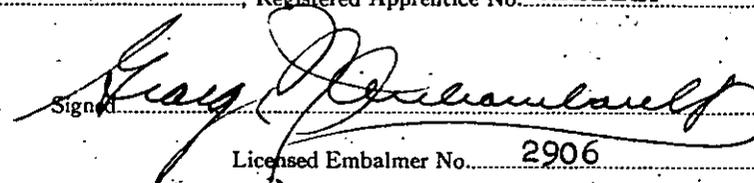
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**George N. Archambault**

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signature



Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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

**If this body is not embalmed, fact should be so stated above.**