4354
S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35443

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 9214

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 6

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

(d) Street No. 1356A Bayard Ave. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Thomas Harris

3. (b) If veteran, name war .....

3. (c) Social Security No. 4940-10-4972

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Clara Harris

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

7. Birth date of deceased Sept. (Month) 12th (Day) 1891 (Year)

8. AGE: Years 51 Months 1 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Slaughters, Ky. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Banch Mechanic

11. Industry or business .....

FATHER
12. Name John H. Harris
13. Birthplace Clay, Ky. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Martha Vaughn
15. Birthplace Clay, Ky. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Clara Harris

(b) Address 1356A Bayard

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation Clay, Ky.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd

19. (a) NOV 4 1942 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3, year 1942 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from October 22, 1942, to November 3, 1942 that I last saw him alive on November 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the stomach Pulmonary tuberculosis.

Due to .....

Due to .....

Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy as above

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 D. M. Petersen (M.D. or other)

Address 1515 Lafayette Avenue. Date signed 11/4/42

(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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address St. Louis - Mo.

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.