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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4275

State File No. 4275

FILED FEB 16 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1140

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 21 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 000 17

(c) City or town St Louis Mo 911
(If outside city or town limits, write "RURAL")

(d) Street No. 4628 Kennerly
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Baby Harshberger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced NEW BORN

6. (b) Name of husband or wife

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

7. Birth date of deceased ~~Feb 14~~ Jan 13 — 1943 (Month) (Day) (Year)

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

9. Birthplace City Hospital (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Louis Harshberger

13. Birthplace Butler County Mo 0 (City, town or county) (State or foreign country)

14. Maiden name Ovalo Waller

15. Birthplace Venice Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Louis Harshberger

(b) Address 4628 Kennerly Jan

17. (a) (Burial, cremation, or removal) (b) Date thereof Feb. 5. 43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bennett Nelson

(b) Address 1431 Union Blvd.

19. (a) FEB 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3. year 1943 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from January 14. 19 43 to February 3. 19 43 that I last saw her alive on February 3. 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death Capillary bronchitis Primary

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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 Virginia S. Lanier (M. D. or other)

Address 1515 Lafayette Avenue Date signed 2/3/43

(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.

Not Embalmed Signed Frank H. Nelhaus

Licensed Embalmer No.....

P. O. Address.....

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.