

S. No. 2-2
M-5-43
7-5-17-39
X36671

FILED JAN 31 1945
378

1003

Registration District No. _____

Primary Registration District No. _____

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:
City Hospital No. 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether _____)

In this community _____
years, months or days)

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. 4307 California Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN C. HARRE

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

4. Sex Male 5. Color or race White 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 November 5, 1929.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th
year 1945 hour 2 minute 22 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>2</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death fracture of skull
Extradural hemorrhage of brain
when he was struck by a truck
while being driven by one Vincent
Baron, Littleton, about 100 feet
south of Orange Street
Belleville, Ill. Ground 10:30 P.M.
June 4, 1945

Other conditions 170
(Include prevalence within 3 months of death)

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

10. Usual occupation At school

11. Industry or business _____

MOTHER FATHER { 12. Name John G. Harre

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

{ 14. Maiden name Martha T. Hoffmann

{ 15. Birthplace Belleville, Ills.
(City, town, or county) (State or foreign country)

Physician _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy 31

16. (a) Informant John G. Harre

(b) Address 4307 California Ave

17. (a) Burial (b) Date thereof 1/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz

(b) Address 2842 Meramec Street

19. (a) JAN 16 1945 J. F. Bridiek
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan 6, 1945

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street
(Specify type of place)

While at work? _____ (e) Means of injury Car

21. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 1/16/45

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

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 Ronald O Yalmer
Licensed Embalmer No. 2917
P. O. Address St Louis,

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.