

No. 2
 M-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 6 1946 STANDARD CERTIFICATE OF DEATH

11140
 State File No.
 Registrar's No. 961

Registration District No. 317 Primary Registration District No. 6576

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Pine Lawn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Shamrock Rest. Home 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 weeks
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 0-20
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2649a Allen 9
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Harry W. Towns
 3. (b) If veteran, name war --
 3. (c) Social Security No. 714-10-8674

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 29
 year 1946 hour 6 minute 22P M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife --
 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased Aug. 27 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 6
2, 1946 to , 19 ;
 that I last saw him alive on April 27, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 8 2 hr. min.

Immediate cause of death Cerebral hemorrhage & cerebral malacia
 Due to Arteriosclerosis
 Duration 3 mos.
 Other conditions none
 (Include pregnancy within 3 months of death)

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

10. Usual occupation Messenger
 11. Industry or business Unknown
 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant George Towns
 (b) Address 2649a Allen
 17. (a) (b) Date thereof 5/2/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

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?

18. (a) Signature of funeral director Wacker-Heldt
 (b) Address 3634 Gravois Ave.
 19. (a) 5-2-46 (b) Ed M. Garant
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
 23. Signature Lewis L. Latham (M. D. or other) MD
 Address 8231 Clayton Rd. Date signed 4/30/46

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 Robert Wheeler.....

Licensed Embalmer No. 2128.....

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.