

S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

State File No. _____

Registrar's No. **7488**

FILED SEP 9 1946
318

Registration District No. _____ Primary Registration District No. _____

100

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 Children's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 310 Barry St
(If rural, give location)

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

3. (a) PRINT FULL NAME Alonzo Harris

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

4. Sex M 2 5. Color or race negro 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased: August 6 46
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21
year 46 hour 1 minute 45 PM

21. I hereby certify that I attended the deceased from 8 - 17 - 46 to 8 - 21 - 46
that I last saw h. IM alive on 8 - 21 - 46
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

15 days 15 hr. 5 min.

Immediate cause of death subdural hematoma with intracranial bleeding

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace St. Louis, Mo. Mo.
(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.

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Leo Harris

{ 13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

{ 14. Maiden name Annie Mae Crawford

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

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? _____

16. (a) Informant A. Mallon

(b) Address 500 S. Kingshighway

17. (a) Anatomical Board (b) Date thereof Aug. 24 1946
(Place of preparation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger St

19. (a) AUG 29 1946 (b) J. J. Breder
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Breder (M. D. or other) _____
Address _____ Date signed _____

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.....

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.