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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39018

State File No. [illegible]

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9461

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4815 Miami St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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 15 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4815 Miami St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harold M. Rising

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 Divorced

6. (b) Name of husband or wife Mabel

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

7. Birth date of deceased Mar. (Month) 3 (Day) 1905 (Year)

8. AGE: Years 41 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Schenectady (City, town, or county) New York (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Charles A. Rising
13. Birthplace Unknown (City, town, or county) Conn. (State or foreign country)

MOTHER
14. Maiden name Edith M. Watkins
15. Birthplace Hinadale (City, town, or county) Mass. (State or foreign country)

16. (a) Informant Edith Leonard
(b) Address 4815 Miami St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wacker-Heldesle
(b) Address 3634 Gravois Ave.

19. (a) NOV 5 1946 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4 year 1946 hour 12 minutes 54 A. M.

21. I hereby certify that I attended the deceased from 7, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage Gun shot wound of left breast self inflicted at his home

Duration

Due to Nov 4, 1946 about 12:45 GM

Due to

Other conditions (Include pregnancy within 3 months of death)

164

Major findings:
Of operations

Of autopsy

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) Suicide

(b) Date of occurrence Nov 4 1946

(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? At home (Specify type of place)

While at work? (e) Means of injury [illegible]

23. Signature Alfred J. Perry (M. D. or other) 3

Address Cypress Corona Date signed 11/5/46

(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 Robert C 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.