

No. 2
12-45
5-17-39
I X47070

FILAD APR 25 1947
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2890**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(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—Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 Months
(Specify whether years, months or days)

In this community 33 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oro

(c) City or town St. Louis 2317

(d) Street No. 1729 South Ninth Street
Memorial 9
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA MARY HARNESS

3. (b) If veteran, name war nil 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased February 2, 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1947 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from 1/24/47
_____ 19____, to 4/11/47, 19____;
that I last saw her alive on 4/11/47, 19____;
and that death occurred on the date and hour stated above.

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

<u>74</u>	<u>2</u>	<u>9</u>	hr. min.
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Immediate cause of death Arteriosclerotic cardiovascular disease

Due to _____

Due to _____

Other conditions Psychosis with cerebral arteriosclerosis

MOTHER FATHER

9. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation house-wife

11. Industry or business _____

12. Name James Milligan

13. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Julia Hazelton

15. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Harness
(b) Address 1418 So. 11th Street

17. (a) burial (b) Date thereof 4-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) APR 14 1947 (b) J. F. Budek
(Date received local Registrar) (Registrar's signature)

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) _____

(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? _____

23. Signature Archie Harness 4/11/47
(Specify type of place) (c) Means of injury

Address _____ Date signed _____

1961 OCT 700

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..... *L P Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2381 Lafayette Ave*

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.