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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1948

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31281

Registrar's No. 7866

**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: Missouri Baptist Hospital
(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 ovd

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

(d) Street No. 4263 - Maryland
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** HARRIETTE MOAS

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Moss

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

7. Birth date of deceased September (Month) 12 (Day) 1878 (Year)

**8. AGE:** Years 69 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Girard (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Retired Bookkeeper

11. Industry or business

FATHER
12. Name John D.C. Harriman
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Emily P. Purcell
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Luella Harriman
(b) Address 4263 Maryland Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Sept. day 4th year 1948 hour 12: minute 35 P M.

21. I hereby certify that I attended the deceased from July 13th, 1948, to Sept. 4th, 1948; that I last saw her alive on Sept. 4th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of Ovary with metastasis to Liver

Due to Don't Know

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Malignant tumor Ovary - Bilateral with metastasis to liver.
Of autopsy No

Duration

**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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John D. Hayward (M. D. or other)

Address 568 - N. Grand Date signed Sept. 4th 48.

(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 M. Murray

Licensed Embalmer No. 3749

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.**