MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. ..... St. ..... Ward)

File No. 28422

Registered No. 7943

2. FULL NAME Harry L Church

(a) Residence. No. 924 Brooklin St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude M Church

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 - 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	5	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physicians

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Homer K Church

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Sarah Fladers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Gertrude Church
(Address) 924 Brooklin St

15. FILED SEP -7 1927 Max Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep - 6th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1926, to Sept 6, 1927 that I last saw him alive on Sept. 6, 1927, and that death occurred, on the date stated above, at 4.50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Softening
92B Inc to Thrombosis (Cerebral)
92C
71B (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) Anaemia
74B (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) Herman L. Willem, M.D.

9.7., 1927 (Address) 2728 N. 11 St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Havana Ill.	Sept 7 1927

20. UNDERTAKER	ADDRESS
Shanty Funeral Ser. Co.	4355 Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.