

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

Do not use this space.

14856

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township St. Louis Primary Registration District No. 2003 Registered No. 3752
 City St. Louis (No. Mullanphy Hospital Ward)

2. FULL NAME

(a) Residence. No. 5228 Palm Street 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 | Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25, 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>38</u>	<u>0</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Optician
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY)

10. NAME OF FATHER John J. Harr

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

12. MAIDEN NAME OF MOTHER Marilda Pratts

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

14. INFORMANT Mrs. Marilda Harr
 (Address) 5228 Palm Street

15. FILED PR - 1 1938 May 1 Stanley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1938

17. I HEREBY CERTIFY That I attended deceased from March 30, 1938, to April 2, 1938, that I last saw him alive on April 20, 1938, and that death occurred, on the date stated above, at 4:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sub. Acute Bacterial Endocarditis.

18. WHERE WAS DISEASE CONTRACTED Ill-R (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Influenza System (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED Ill-R
 IF NOT AT PLACE OF BIRTH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) E. J. Bunker, M. D.
 (Address) Union Club Bldg

*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 Friedens DATE OF BURIAL Apr. 5 1938

20. UNDERTAKER Math Hermann ADDRESS 1428 West Florissant Ave.

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.

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