WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

36235

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 10[illegible]

City St Louis (No. Missouri Baptist Sanitarium St. ..... Ward)

File No. ..... Registered No. 10767

2. FULL NAME Lawrence Harris.

(a) Residence, No. 4713 Easton Av St., 6 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 Male

4. COLOR OR RACE White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Bernadine Harris.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21-1851

7. AGE YEARS 80 MONTHS 9 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own.

10. Date deceased last worked at this occupation (month and year) 6-1-31

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England -

FATHER

13. NAME Samuel Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs L Harris. 4713 Easton Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus Cem DATE Oct 24 1931

19. UNDERTAKER (ADDRESS) Peltz Bros. 3029 Lafayette Av

20. FILED Oct 23 1931 Max C Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931, to Oct 22, 1931

I last saw him alive on Oct 21, 1931. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolus

Date of onset

Other contributory causes of importance:

Senile Hypertrophy of Prostate

Cancer of Prostate

Name of operation Prostatectomy Date of 10-15-31

What test confirmed diagnosis? Sections of Tumor Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Matthew L. Custer, M. D.

(Address) 10 [illegible] Paul Brown Bldg.

Dr. M. L. Crider
Paul Brown Bldg.