

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

Do not use this space.

✓ 38955  
File No. \_\_\_\_\_  
Registered No. **11076**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City **St. Louis** (No. **1520 Washington**)

**2. FULL NAME**

**Edward J. Harlock**  
(a) Residence, No. **6027 E. Wright** St., **5** 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Nellie Harlock</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Aug. 28 1862</b>		
7. AGE YEARS <b>69</b>	MONTHS <b>2</b>	DAYS <b>5</b>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Salesman</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Dy. Goods Co</b>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo</b>		
FATHER	13. NAME <b>James Harlock</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>England</b>	
MOTHER	15. MAIDEN NAME <b>Mrs. Brown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>England</b>	
17. INFORMANT (ADDRESS) <b>Mrs. W. P. Brehm 6027 E. Wright</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Bellefontaine</b> DATE <b>Nov. 5 1931</b>		
19. UNDERTAKER (ADDRESS) <b>Wm. W. Paschedag 2825 No. Grand St. St. Louis</b>		
20. FILED <b>1-1 1931</b> Registrar		

**MEDICAL CERTIFICATE OF DEATH**  
*No physician in attendance*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 3 1931**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **11 a.m.**

The principal cause of death and related causes of importance were as follows:  
**Coronary thrombosis, sclerotic thrombosis, and rheumatoid arthritis**

Other contributory causes of importance:  
**None**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **Yes**

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) **J. P. [Signature]** M.D.  
(Address) **114/31**

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.

