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

Do not use this space.

39161

File No. 11335

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1003 (791)

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

City St. Louis Mo. (No. Mt. Baptist Hosp. St. ..... Ward)

2. FULL NAME Dr. Peter H. Harmann

(a) Residence, No. 5257 Washington Blvd. St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Lillian Harmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11th 1876

7. AGE: Years 55 | Months 9 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Iowa

FATHER

13. NAME John P. Harmann

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

MOTHER

15. MAIDEN NAME Regina Graff

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

17. INFORMANT Lillian Harmann
(ADDRESS) 5257 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bickers DATE Nov. 11 1931

19. UNDERTAKER H. J. Reidmer Und. Co
(ADDRESS) 1427 St. Charles St.

20. FILED Nov 11 1931 Vir C. Vandiver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1931, to Nov. 8, 1931

I last saw h. alive on Nov. 8, 1931. Death is said to have occurred on the date stated above, at 5:15 P.M.

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

Carcinoma of Liver — Date of onset 4-1-31

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Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of Oct. 4-31

What test confirmed diagnosis? Autopsy Was there an autopsy? No

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) Evelyn H. Flynt, M. D.

(Address) 305 Metropolitan Bldg. St. Louis Mo.

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.

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