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

Do not use this space.

6678

File No.

Registered No. 1753

1. PLACE OF DEATH

County

Township

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

Registration District No. 791

Primary Registration District No. 1013

2. FULL NAME Charles Harris

(a) Residence, No. 1523 Clark Ave., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	11	22	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Bernard T. Kom
(ADDRESS) 5300 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington PK DATE 2/24 1932

19. UNDERTAKER People's Undt Co
(ADDRESS) 3100 Franklin Ave

20. FILED FEB 23 1932 Alex C. Starkloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1931, to February 19, 1932

I last saw him alive on February 19, 1932. Death is said to have occurred on the date stated above, at 2 PM.

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

		Date of onset
Chronic Myocarditis	83	9/14/31 +
	39	
	97c	
Other contributory causes of importance:		
General Paralysis of Insane (Syphilis)		9/14/31 +

Name of operation None Date of

What test confirmed diagnosis? Laboratory + clinic 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? No

If so, specify

(Signed) Bernard T. Kom, M. D.

(Address) 5300 Arsenal St.

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.