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

791
1003

Do not use this space.

6955

File No.
Registered No. 2055

1. PLACE OF DEATH

County
Township
City St. Louis (No. City Hosp. #2 St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME August Harper

(a) Residence, No. 2323 Market St., 21 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	Col.	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Abt. 32			

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) La. 2

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 21

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John J. Hurley Deputy Coroner

18. BURIAL, CREMATION, OR REMOVAL PLACE Tuttenfield DATE 3-8 1932

19. UNDERTAKER (ADDRESS) Geo. Gurney 3729 Lindell

20. FILED MAR -2 1932 1932 Wm C Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1932

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

No Physician in attendance

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:25 p.m.

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

175B

Shock & Injuries (Fractured Skull) sustained when struck on head with furnace shaker

Date of onset

Other contributory causes of importance:

Homicide

Name of operation..... Date of.....

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

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

Accident, suicide, or homicide? Homicide Date of injury 2/7, 1932

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

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

Manner of injury Struck on head (furnace shaker)

Nature of injury Fractured Skull

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

If so, specify.....

(Signed) John J. Hurley M.D.

(Address) Deputy Coroner 3/2/32