

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

Do not use this space.

37498

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 5348, Maffitt) St. .... Ward.....

File No.....  
Registered No. 10170  
St. .... Ward.....

**2. FULL NAME**

George Harr  
(a) Residence, No. 5348 Maffitt 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Harr</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 23-1873</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>9</u>	DAYS <u>24</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1930</u> 11. Total time (years) spent in this occupation <u>1 1/2</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sodfrey</u> <u>Del.</u>				
MOTHER   FATHER	13. NAME <u>Thomas Harr</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> <u>18</u>			
	15. MAIDEN NAME <u>Sarah Loyd</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> <u>2</u>			
17. INFORMANT (ADDRESS) <u>Emma Harr</u> <u>5348 Maffitt Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jerseyville</u> <u>All</u> DATE <u>Nov. 18</u> <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>Gubser and Co.</u> <u>Jerseyville</u> <u>Del.</u>				
20. FILED <u>NOV 19 1932</u> <u>W. C. Stanley</u> Registrar.				

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1932

22. I HEREBY CERTIFY That I attended deceased from Feb. 23, 1931, to Nov 16, 1932  
I last saw him alive on Nov 14, 1932 Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cardio-Vascular -  
Renal Diseases  
131  
92A 131  
Other contributory causes of importance:  
Hypertension (D)  
Myocardial Infarction  
Cholelithiasis  
Chronic Nephritis  
Name of operation Intestine removed 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. Brewer M. D.  
(Address) Brewer and Co.

MADE IN RESERVE FOR BINDING  
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.

SEP 9 1947

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