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

Do not use this space.
37526

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. Missouri Pacific Hosp St. ..... Ward)

File No.....

Registered No. 10198

2. FULL NAME Edward H. Harman

(a) Residence, No. 3623 Virginia Ave. St., 17 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	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella D. Harman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24. 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	56.	2.	22.	

OCCUPATION

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

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

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) Grayford, Ind.

FATHER

13. NAME Henry Harmon.

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

MOTHER

15. MAIDEN NAME Mary A. Lang.

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

17. INFORMANT Mrs. E. H. Harman.
(ADDRESS) 3623 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE 11-19-1932

19. UNDERTAKER O. P. Lipton & Sons.
(ADDRESS) #4449 Olive St

20. FILED NOV 19 1932 Carl H. Lanham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1932 to 11-16, 1932

I last saw him alive on 11-16, 1932 Death is said to have occurred on the date stated above, at 1 40 A m.

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

	Date of onset
Hypertensive Heart disease	
Cerebral Hemorrhage	R 11-13-32
956	
824	
Hemiplegia L Apoplectic	

Other contributory causes of importance:

Name of operation N. O. Date of

What test confirmed diagnosis? Was there an autopsy? O

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) T. Weston Bond, M. D.

(Address) Mo. Pacific Hospital