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

Do not use this space.

27652

1. PLACE OF DEATH

96 County St Louis — Registration District No. 1170 — File No.

7 Township Central — Primary Registration District No. 6248 H. — Registered No. 153

City St.Louis (No. St.Marys Hospital St. Ward)

7 2. FULL NAME Oliver Harrison

(a) Residence, No. 4450 S.Broadway 87 St., M8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1902

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	3	29	

OCCUPATION

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

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) St.Louis Mo.

FATHER

13. NAME Geo.Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Louis Mo.

MOTHER

15. MAIDEN NAME Louise Hargesheim

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Louis Mo.

17. INFORMANT (ADDRESS) Emma Trogahn 4450 S.Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St.Marcus DATE Aug.5 th. 1933

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec St.

20. FILED 8/4 1933 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to Aug 2, 1933
I last saw him alive on Aug 2, 1933. Death is said to have occurred on the date stated above, at 3:30P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Viridans Septicaemia & Pyaemia from Septic Throat	

Other contributory causes of importance:
Occipital Brain Tumor
Microscopic Diagnosis not made

Name of operation Craniotomy Date of 7/18/33
What test confirmed diagnosis? Was there an autopsy? Only Heal

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) [signature], M. D.
(Address) [illegible]

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.

AUG 29 1933

101

Univ Club Bldg
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