

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 7001
 Township Primary Registration District No. 1007
 City St Louis No. St Lukes Hospital (Ward)

File No. 34855

Registered No. 9031

2. FULL NAME

(a) Residence, No. 7463 York Drive St. 12 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 10. 79

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 11. Total time (years) spent in this occupation. 70

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 70

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) mo

13. NAME Robert Lewis Harrison

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

15. MAIDEN NAME Betty Miner

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

17. INFORMANT R. Lewis Harrison (ADDRESS) 7463 York Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 10/21 1933

19. UNDERTAKER Alexander & Sons (ADDRESS) 6175 Delmar

20. FILED 10 10 1933 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1933

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1933 to October 18, 1933

I last saw him alive on October 18, 1933 Death is said to have occurred on the date stated above, at 1309 am.

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

Pneumonia Date of onset _____

Complicated by a

metastatic carcinoma

Other contributory causes of importance

Absence of

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? _____ Date of injury _____, 1933

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) Leb. Collins, M. D. (Address) 4800 Olive

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.

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2-

NOV 10 1933

Dr Klemm

Dr W. W. Wood

Dr H. Collins - Sister Bldg, until 4⁰⁰ P.M.