

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

Do not use this space.

41369

**JAN 26 1934**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1160 -  
 Township Central 4 Primary Registration District No. 4470  
 City University Mo. (No. 752 Syracuse Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 130

**2. FULL NAME**

(a) Residence, No. 752 Syracuse Ave. 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** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF Mary Louise Harris  
 (OR) WIFE OF \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May 18<sup>th</sup> - 1858

**7. AGE** YEARS 75 MONTHS 7 DAYS 8  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Joeman  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Railway Express Co.  
**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)** Kentucky

**13. NAME** Andrew Harris

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ken.

**15. MAIDEN NAME** Louise Thompson

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ken.

**17. INFORMANT (ADDRESS)** Frank J. Harris  
752 Syracuse Ave.

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Memorial Pk. DATE Dec 29, 1933

**19. UNDERTAKER (ADDRESS)** Mullen, Wadde  
5165 Belmont St.

**20. FILED** Dec. 28 1933 Gene V. Muelle  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Dec 26 1933

**22. I HEREBY CERTIFY**, That I attended deceased from Oct 16 1929, to Dec 26 1933  
 I last saw him alive on Dec 26 1933. Death is said to have occurred on the date stated above, at 8:45 P. m.

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

Cardio Cerebral Thrombosis Date of onset \_\_\_\_\_

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of 1/25/34

What test confirmed diagnosis Autopsy 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 \_\_\_\_\_ 1933

Where did injury occur? Home (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) James R. Kelly, M. D.

(Address) 6125 Barstow

WRITE CAREFULLY, 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.

