WHITE PAPER, 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.

MAR 25 1936

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

Do not use this space.
7535

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033 — Registered No. 63

City (No. Ellsworth Lane, St. Ward)

2. FULL NAME Frederick E. Harris

(a) Residence, No. Ellsworth Lane, St., Ward.
(Usual place of abode) York Village, Mo. (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 (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise M Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 19 1876

7. AGE — Years: 59 — Months: 10 — Days: 27 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bred Smith Construction Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sec. Treas.
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): Swancreek Ill

FATHER

13. NAME: Elmer Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: Emma Tipton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: Louise M Harris
(ADDRESS) Ellsworth Lane St. Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE 2/19/1936 19

19. UNDERTAKER: Alexander & Sons
(ADDRESS) 6175 Delmar St. Louis, Mo.

20. FILED 2-18- 19 36 H A Boehmer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/16/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:15 PM
The principal cause of death and related causes of importance were as follows:

Chr. myocarditis; chr. arterio-sclerosis. (Date of onset)

Other contributory causes of importance:
Angina pectoris, with hemorrhagic infarction within coronary causing instant death during an attack, which caused shut off or coronary circulation within the heart muscle

Name of operation: — Date:
What test confirmed diagnosis? coroner's view — 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, 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) Leland Vierson, M. D. 7/18/36
(Address) 3718 Gamble, Ra
Coroner St Louis Mo