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. /.

DEC 4 1936

1. PLACE OF DEATH
County St. Louis
Township Unincorporated
City Jefferson Barracks, (No. Veterans Administration Facility, St. ..... Ward)

Registration District No. Missouri 1123
Primary Registration District No. 6248B

File No. 39956 39952
Registered No. 401

2. FULL NAME Fred S. HARKE
(a) Residence, No. Route No. 1 St., ... Ward. Valley Park, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn 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 Mrs. Estelle Harke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10, 1884

7. AGE: YEARS 52 | MONTHS 1 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable
10. Date deceased last worked at this occupation (month and year) 7 years ago
11. Total time (years) spent in this occupation 20 years

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

FATHER
13. NAME Stephen Harke
14. BIRTHPLACE (CITY OR TOWN) unavailable
(STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Susie Wagman
16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT E.S. Pickington
(ADDRESS) Act. Clin. Clk. Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
Jefferson Barracks DATE Oct. 26, 1936.

19. UNDERTAKER J. H. Heberle & Co.
(ADDRESS) 2650 Gravois Ave.

20. FILED Oct. 23, 1936 G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 25, 1936, to October 22, 1936
I last saw him alive on October 22, 1936. Death is said to have occurred on the date stated above, at 6:45 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unkwn

Other contributory causes of importance:
none

Name of operation none Date of .....
What test confirmed diagnosis? clin. manifestations, phy. exam. laboratory 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) W. L. Fleck M.D.
W. L. FLECK, Act. Chief Medical Officer.
(Address) Jefferson Barracks, Missouri.