

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.

JUN 12 1937

18663

1. PLACE OF DEATH

County Registration District No.

Township Primary Registration District No.

City St. Louis (No. 916 N. 7th (rear))

File No.

Registered No. 5239

St. Ward)

2. FULL NAME

Emma Harris

(a) Residence, No. 916 N. 7th St., 25 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 Female 4. COLOR OR RACE Cold 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Missouri

13. NAME Wesley Davis

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Willie Harris (ADDRESS) 916 N. 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton Park DATE 5-28-37

19. UNDERTAKER Elba Funeral Home (ADDRESS) 2920 Broadway St

20. FILE MAY 26 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22/37

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 10:17 A.M.

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

Chronic Myocarditis
Aortic (Refractory)
Coronary Atherosclerosis
myocarditis

Other contributory causes of importance: [Signature]

Name of operation Date of What test confirmed diagnosis? 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 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 H V Nature of injury

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

If so, specify (Signed) Joseph M. Deane M.D.

(Address) Deputy Coroner

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