

OCT 14 1937

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

32265

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County.....

Registration District No.....

(b) Township.....

Primary Registration District No.....

(c) City..... **St. Louis**(d) Street No. **2601****N Whittier**Registered No. **8319**(e) Length of residence in city or town where death occurred **40** yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harrison Oliver(a) Residence, No. **#1 West Moreland**St. **12**

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

C5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**Separated**5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF**Romie Oliver**

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

Jan. 1, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.**65****8****-**8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.**Butler**9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month, day, and year)**Aug. 19, 1937**11. Total time (years)
spent in this
occupation **30**12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Georgia**

FATHER

13. NAME

Jacob Oliver14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Georgia**

MOTHER

15. MAIDEN NAME

Julia-unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Georgia**17. INFORMANT
(ADDRESS)**Evelyn Hilliard****2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Washington Park** DATE **Sept. 5, 1937**19. FUNERAL DIRECTOR
(ADDRESS)**Charles J. Gates**
4107 Finney Avenue

20. FILED

SEP 3 1937**St. Bredeck**
Local Registrar.(Signed) **L. Lewis****2601 N Whittier**

M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 1**, 193722. I HEREBY CERTIFY, That I attended deceased from
Aug. 23, 1937, to **Sept. 1**, 1937I last saw him alive on **Sept. 1**, 1937. Death is saidto have occurred on the date stated above, at **9:06** a.m.

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

Hypertensive heart diseaseDate of onset
8/23/37

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **clinical** 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) **L. Lewis**(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, **James A. Johnson**

Licensed Embalmer No. **3522**

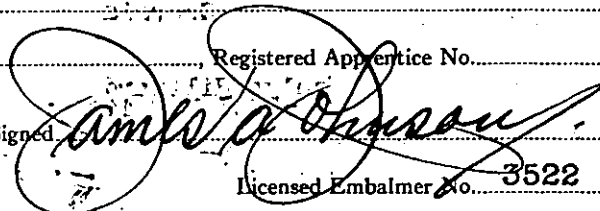
hereby certify that the body recorded on the reverse side of this certificate was embalmed by **Self**

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed


Licensed Embalmer No. **3522**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)