

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

39449
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 791
 (b) Township Mo. Primary Registration District No. 1003 Registered No. 10436
 (c) City St. Louis (d) Street No. 4239 Trinity St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph P. Harris
 (a) Residence, No. 4239 Trinity St. 11 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma V. Harris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1876
 7. AGE YEARS 62 MONTHS 6 DAYS 29 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1937
 22. I HEREBY CERTIFY, That I attended deceased from July 4th, 1937, to Nov 8, 1937
 I last saw he alive on Nov 8, 1937. Death is said to have occurred on the date stated above, at 1:20 P. M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset 1936
 Other contributory causes of importance: H. H. H.
 Name of operation _____ Date of _____
 What test confirmed diagnosis Expt Was there an autopsy? _____
 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? No
 If so, specify _____
 (Signed) H. H. Haskell M. D.
 (Address) 4270 St. Gorman Ave

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
 13. NAME Jerry Harris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.
 15. MAIDEN NAME Mary Howell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville Mo
 17. INFORMANT (ADDRESS) Sola Kealip
4239 Trinity
 18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Burial DATE 11/11 1937
 19. FUNERAL DIRECTOR (ADDRESS) Pinkie B. Jones
3129 Lucas Ave
 20. NOV 10 1937 19 J. Bredeck Local Registrar.

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.

STATEMENT BY LICENSED EMBALMER

I, Clay Young, Licensed Embalmer No. 3371

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Clay Young

Licensed Embalmer No. 3371

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.)