

DEC 13 1937

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

39777

Do not use this space.

791  
1003

Registered No. 10764

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City ST. LOUIS (d) Street No. LUTHERAN HOSPITAL 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., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

BERNADINE HARRIS

(a) Residence, No. 4820 MARGARETTA St. 7  
(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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOW</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>LAWRENCE HARRIS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MCH. 1, 1861</u>		
7. AGE YEARS <u>25</u>	MONTHS <u>76</u>	DAYS <u>8</u> IF LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>AT HOME</u>		
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. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/4/37 1937, to 11/19/37 1937.  
I last saw her alive on Nov 18<sup>th</sup> 1937. Death is said to have occurred on the date stated above, at 4.55 am.  
The principal cause of death and related causes of importance were as follows:

Advanced Carcinoma of Gall-Bledder with metastases  
Date of onset about Jan '37

Other contributory causes of importance: H64

Name of operation Exploratory Laparotomy Date of 11/12/37  
What test confirmed diagnosis? Biopsy 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.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation? No.  
If so, specify.....  
(Signed) T.H. Hanser M. D.  
(Address) 3651 Grandel St.

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>
	13. NAME <u>BERNARD REINHARDT</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>
	15. MAIDEN NAME <u>UNKNOWN</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>
	17. INFORMANT (ADDRESS) <u>MRS. TILLIE HANDORF</u> <u>4820 MARGARETTA</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>NEW ST. MARCIUS C.</u> DATE <u>NOV. 22</u> 19 <u>37</u>	
19. FUNERAL DIRECTOR (ADDRESS) <u>PEETZ BROS.</u> <u>3029 LAFAYETTE AVE.</u>	
20. F. <u>NOV 22 1937</u> 19..... <u>J. Bredeck</u> Local Registrar.	

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.

*No. 2245*  
*3651*  
*Frank I. Owens*

*July 4430*  
*1-3*

**STATEMENT BY LICENSED EMBALMER**

I, FRANK I. OWENS, Licensed Embalmer No. 2245

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 Frank I. Owens

Licensed Embalmer No. 2245

**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.)**