

JAN 10 1938

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

43752
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **500 S. Kingshighway** St.
(If death occurred in Hospital, Infirmary, or other place, give name 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

Eugene Harden
(a) Residence, No. **229a Beaumont** St. **R-22**
(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 **col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **child**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **child**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. Mar 31 - 1934**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 4 8 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **child**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

FATHER 13. NAME **Eugene**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

MOTHER 15. MAIDEN NAME **Ada Ellen Moore**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

17. INFORMANT (ADDRESS) **M. E. Matthews**
500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE **Hallspring Miss** DATE **Dec 31 1937**

19. FUNERAL DIRECTOR (ADDRESS) **W. B. Adams**
1701 Biddle

20. FILED **DEC 29 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-22 1937**

22. I HEREBY CERTIFY, That I attended deceased from **11-15**, 19**37**, to **12-22**, 19**37**

I last saw him alive on **12-22**, 19**37**. Death is said to have occurred on the date stated above, at **7:20** a.m.

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

1) Angiosarcoma, 1stary of lyp i metastases to neck, bones, + sup. mediastinum.

Date of onset

Other contributory causes of importance:

Name of operation **45 A** Date of

What test confirmed diagnosis? 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

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) **Ralph N. Barlow**, M. D.
(Address) **500 S. Kingshighway**

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Rex E Campbell, Licensed Embalmer No. 3881

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

L. E. 3985

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Rex E Campbell
Licensed Embalmer No. 3881

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.)