

REC'D APR 11 1938

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

8621

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St Louis (d) Street No. 3624 Marcus Ave 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

Caroline Harig 620
 (a) Residence, No. 3624 Marcus Ave. St. 10 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF John H Harig
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) St Louis Mo
 (STATE OR COUNTRY)

FATHER 13. NAME ? Scharpou
 14. BIRTHPLACE (CITY OR TOWN) ?
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ?
 16. BIRTHPLACE (CITY OR TOWN) ?
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Ott. Schuermann
 (ADDRESS) 3624 Marcus Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Mar 5 1938

19. FUNERAL DIRECTOR Beiderwieden Funeral Home
 (ADDRESS) 1936 St Louis Ave Inc

20. FILED MAR 5 1938 J. P. Bredebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1935, to March, 1938
 I last saw h. alive on March, 1938 Death is said to have occurred on the date stated above, at 8:10 A M m.
 The principal cause of death and related causes of importance were as follows:

Ch. my. corditis

Date of onset

Other contributory causes of importance:

Name of operation none Date of ho
 What test confirmed diagnosis? clinical Was there an autopsy? ho

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? ho
 If so, specify.

(Signed) Harlan Bigsby, M. D.
 (Address) 4748 Walnut St. St. Louis

STATEMENT BY LICENSED EMBALMER

I, *Guadalupe* Licensed Embalmer No. 3737

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed *Guadalupe*
Licensed Embalmer No. 3737

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.)