

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.

REC'D APR 11 1938

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

9310
Do not use this space.

791
1003

2899

1. PLACE OF DEATH

(a) County..... | Registration District No.....
 (b) Township..... | Primary Registration District No.....
 (c) City..... St. Louis..... (d) Street No..... St. Luke's 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.....

Katherine Harrison 62.5
 (a) Residence, No..... 730 Clara..... St. 12..... (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 (OR) WIFE OF William Harrison
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1880
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 6 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Lima (STATE OR COUNTRY) Ohio

FATHER 13. NAME George T. Williams
 14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

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

17. INFORMANT Billy Thomas (ADDRESS) 730 Clara Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE March 28, 38

19. FUNERAL DIRECTOR Shepard Funeral Home (ADDRESS) 1167 Hamilton Avenue.

20. FILED MAR 28 1938 J. P. Baudisch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1938, to March 26, 1938.
 I last saw her alive on March 15, 1938. Death is said to have occurred on the date stated above, at 1:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease Date of onset 3/2/38 years ago?
 Other contributory causes of importance: A. S. S. S. S.
 Name of operation..... Date of.....
 What test confirmed diagnosis? yes 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 of deceased? no
 If so, specify.....

(Signed) E. Ernest H. Fisher, M. D.
 (Address) 5535 Delmon

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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 *Merle Shepard*.....

Licensed Embalmer No. *3555*.....

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.)