

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

REC'D APR 8 1938

12107
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 115 Registered No. 495
 (c) City University City (d) Street No. 6529 Chamberlain 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 William M. Harrison. 635

(a) Residence, No. 6529 Chamberlain Ave. St. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	62	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Street Inspector.

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) Iowa (STATE OR COUNTRY) _____

FATHER

13. NAME James Harrison.

14. BIRTHPLACE (CITY OR TOWN) Ireland. (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Bridget Scalley.

16. BIRTHPLACE (CITY OR TOWN) Ireland. (STATE OR COUNTRY) _____

17. INFORMANT Miss Margaret Harrison. (ADDRESS) 6529 Chamberlain Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3-18-38

19. FUNERAL DIRECTOR Arthur J. Donnelly. (ADDRESS) 3840 Lindell Blvd.

20. FILED 377- 1938 J. R. Meyer, M.D., P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-38

22. I HEREBY CERTIFY, That I attended deceased from 10-1-37, to 3-16-38, 1938. I last saw him alive on 3-15-1938. Death is said to have occurred on the date stated above, at 12:15 A.M.

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

Arterio Sclerosis

Other contributory causes of importance: 97-

Name of operation _____ 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 _____, 1938. 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) Carl P. Rees, M. D. (Address) 3700 Washington

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.

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372020 Washington

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

Stanley Marchlewski

Licensed Embalmer No.

2868

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.)