

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

13183
Do not use this space.

3787

1. PLACE OF DEATH Enroute to Homer Phillips Hosp.
- (a) County..... 3 Registration District No.....
- (b) Township..... Primary Registration District No.....
- (c) City St. Louis, Mo. (d) Street No. Enroute to Homer Phillips Hosp. 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 Jack Harrison 425⁵
- (a) Residence, No. 3233 Pine St. St. 21 (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 Male
4. COLOR OR RACE Col.
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) Dec. 28, 1889
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
- 48 3 23

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bartender
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) Greenville
(STATE OR COUNTRY) Miss.

- FATHER
13. NAME Jack Harrison
14. BIRTHPLACE (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

- MOTHER
15. MAIDEN NAME Nancy Young
16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

17. INFORMANT Nina Meeks
(ADDRESS) 4234 West Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 4/25/38

19. FUNERAL DIRECTOR (NAME) E. L. Garner
(ADDRESS) 2829 Washington A ve.

20. FILED APR 23 1938 J. B. Bredbeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 5:40 p.m.

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

Lobar Pneumonia
primary

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes23. 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?.....
If so, specify.....
(Signed) Alfred Perry, M.D.
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3994

Isaac Jerome Mandlove

or by

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

Signed

Isaac Jerome Mandlove

Licensed Embalmer No.

3994

P. O. Address

2829 Washington Ave

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.)

If this body is not embalmed, above space should be left blank.