

REC'D OCT 12 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
100330535  
Do not use this space.

7972

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. ....  
 (c) City St. Louis (d) Street No. Firmin Desloge 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 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hugh Clement Harkins

(a) Residence, No. 5203a Palm St. St. 6  
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12th, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Switchman

9. Industry or business in which work was done, as saw mill, bank, etc. R.R.

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 No. 0  
 (STATE OR COUNTRY)

FATHER 13. NAME Joseph D. Harkins 9

14. BIRTHPLACE (CITY OR TOWN) Dont Know 9  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mathilda Bullo

16. BIRTHPLACE (CITY OR TOWN) Dont Know  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Edna Harkins  
 (ADDRESS) 5203a Palm St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 9-10-38

19. FUNERAL DIRECTOR Provost Und. Co.  
 (ADDRESS) 3710 N. Grand Blvd.

20. FILED SEP - 9 1938 J. F. [Signature] Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-38, 19...

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 3.30 A.M.

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

Lobar Pneumonia  
Crushing of Liver  
Extensive hemorrhage from Carbons of Liver  
 Other contributory causes of importance: 1246

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? 4  
 If so, specify Alfred G. Perry M. D.

(Signed) [Signature] (Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

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

L. E. 3916

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

**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.)**