

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. STATE OF MISSOURI should be caremly supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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

30573
 Do not use this space.

DEC 10 OCT 12 1938

1891
 1008

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1008
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis (d) Street No. DePaul Hosp. Registered No. 8010
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Eugene Elmer Harper

(a) Residence, No. 4067 1/2 McFee Ave St. 18 (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)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 - 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 - - 3 - - -

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. _____
 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) Mo.

FATHER 13. NAME Kenneth Harper

14. BIRTHPLACE (CITY OR TOWN) Salem Mo. (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Marie Laberta

16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Kenneth Harper (ADDRESS) 4067 1/2 McFee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New S. S. Peter & Paul DATE 9-10-38

19. FUNERAL DIRECTOR (NAME) Kriegshausser Mortuaries (ADDRESS) 4228 S. Kingshighway Blvd.

20. LOCAL REGISTRAR J. S. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/6, 1938, to 9/8, 1938

I last saw him alive on 9/8, 1938. Death is said to have occurred on the date stated above, at 120 A.M.

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

Cerebral hemorrhage Date of onset 1 day
160

Other contributory causes of importance: _____

Name of operation None 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? No

If so, specify _____ (Signed) J. P. Berman, M. D.

(Address) 1225 - no grand

SEP 10 1938

1225 W. Lincoln
Mr. J. Berman

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *No Embalming*

Licensed Embalmer No.

P. O. Address

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.