

1938

OCT 6 1938

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

33248

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Clayton Primary Registration District No. 200 Registered No. 1597
(c) City Clayton (d) Street No. St. Louis County 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

Virinda Harris
(a) Residence, No. 3004 Pasteur Ave. St. Overland, Mo.
(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 Female 4. COLOR OR RACE White 5. ~~SINGLE, MARRIED, WIDOWED, OR~~
~~DIVORCED, (write the word)~~ Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22-1864

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.
74 5 49

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Old age Pensioner
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) xxx 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME James Ennis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Elizabeth Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT William Harris
(ADDRESS) Montgomery City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fee Fee Cem DATE 10-4-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sammy 3004 Pasteur Ave. 2504 Woodson Rd - Overland, Mo

20. FILED OCT 3 1938 J. R. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 1- 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..... 7 PM.

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

Automobile accident. Struck by an automobile while a pedestrian on a public highway.

Date of onset

10/1/38

Other contributory causes of importance:

Cerebral hemorrhage
Ruptured Left kidney.

10/1

Name of operation..... Date of.....
What test confirmed diagnosis? autopsy Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/1, 19____

Where did injury occur? Overland, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
Nature of injury Struck by auto
Internal injuries.

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....

(Signed) John S. Howell M.D.
Coroner of St. Louis County, Mo.
(Address).....

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 _____

Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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