NOV 16 1938

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

Do not use this space. 33782

791

1. PLACE OF DEATH
   (a) County ..... Registration District No. 1003
   (b) Township ..... Primary Registration District No. ..... Registered No. 8768
   (c) City St LOUIS (d) Street No. ..... Christian 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 616 Joseph Harper
   (a) Residence, No. 1621 N. 10 Th St. St. 26
   (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ann Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 th 1861

7. AGE YEARS 77 MONTHS 2 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edward County Ill

FATHER
13. NAME James Harper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) R.L.Harper 1515 N. 10th.St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mill Shoals, Ill. DATE 10-8-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc. 4700 Washington, Blvd.

20. FILED OCT 7 1938 J F Brelleck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-3 —, 1938, to 10-6 —, 1938
I last saw him alive on 10-5 —, 1938. Death is said to have occurred on the date stated above, at 930 p.m.
The principal cause of death and related causes of importance were as follows:

Senile Marasmus — Date of onset

82 d

Other contributory causes of importance:
Hemiplegia - due to Sinal fracture 15 yrs ago
NMO

Name of operation None 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, 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) W. S. McCaw, M. D.
(Address) 2808 Hadley St. St. Louis Mo

Licensed Embalmer's Statement on Reverse Side)

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.

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

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

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