ISSUED NOV 16 1938

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

34010
Do not use this space.

1. PLACE OF DEATH
(a) County ..... (b) Township ..... (c) City St. Louis, (d) Street No. 4227 W Garfield 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.

Registration District No. 2 791
Primary Registration District No. 1002 Registered No. 8996

2. PRINT FULL NAME 1620 Louisa Harris
(a) Residence, No. 4227 W Garfield St. 11
(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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1861
7. AGE: Years 76 Months 10 Days 12 If LESS than 1 day, ...hrs. or ....min.

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. House Work.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME David Gaiten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Cassie ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Maud Arnold (ADDRESS) 4227 W Garfield
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Oct 15 1938
19. FUNERAL DIRECTOR F. A. GREEN (ADDRESS) 2915 FRANKLIN AVE
20. FILED OCT 15 1938 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1938 to Oct 11 1938
I last saw h.. alive on Oct 11 1938 Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	15 days
82 y	

Other contributory causes of importance: Partial Paralysis, caused by cerebral thrombosis

Name of operation ..... 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? .....
If so, specify .....
(Signed) W. P. Curtis, M. D.
(Address) 11 N. Jefferson

(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.

WRITE PLAINLY, WITH STANDARD INK. DO NOT ERASE OR WRITE OVER.

I X12004

STATEMENT BY LICENSED EMBALMER

I, F. A. Green, Licensed Embalmer No. 2963

hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. A. Green

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed F. A. Green

Licensed Embalmer No. 2963

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.)