

NOV 10 1938

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

34137
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **9123**
(c) City **Saint Louis** (d) Street No. **Homer G. Phillips 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 **16** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Frank Harris**

(a) Residence, No. **1927a Carr Street** St. **2/**
(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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 5, 1898**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 9 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Scullins Steel**
10. Date deceased last worked at this occupation (month and year) **October 137** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **unavailable**
(STATE OR COUNTRY) **Mississippi**

FATHER 13. NAME **Jiles Harris**

14. BIRTHPLACE (CITY OR TOWN) **unavailable**
(STATE OR COUNTRY) **Alabama**

MOTHER 15. MAIDEN NAME **Cora Woods**

16. BIRTHPLACE (CITY OR TOWN) **unavailable**
(STATE OR COUNTRY) **Mississippi**

17. INFORMANT **Mrs Nancy Harris**
(ADDRESS) **1927a Carr Street**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **10/22/38**

19. FUNERAL DIRECTOR (NAME) **Charles J. Gates**
(ADDRESS) **4107-09 Finney Avenue**

20. FILE **OCT 20 1938** **J. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 16th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 14**, 1938, to **October 16th**, 1938

I last saw him alive on **October 16th**, 1938 Death is said

to have occurred on the date stated above, at **6:50a. m.**

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

Pulmonary tuberculosis

Date of onset
9/14/38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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) **H. J. Lyman** M. D.
(Address) **Homer G. Phillips Hosp.**

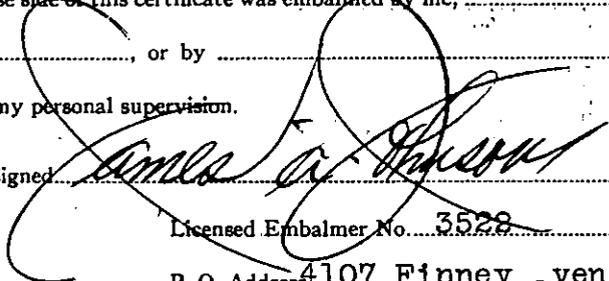
STATEMENT BY LICENSED EMBALMER

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


.....
Licensed Embalmer No. 3528

P. O. Address 4107 Finney Avenue

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.