

DEC JAN 11 1938

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

41103
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township St. Louis Mo.
 (c) City
 (d) Street No. 1033 FAIRMOUNT
 (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.

791
1008

Registered No. 10795

2. PRINT FULL NAME

620 Mae Harris.
 (a) Residence, No. 1033 Fairmount ave. St. 4
 (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 Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12 1896.

7. AGE YEARS 42 MONTHS 3 DAYS I If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
 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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Michael Toomey.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER 15. MAIDEN NAME Katherine O'Connor.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Dennis Harris.
1033 Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galvary Cemete Dec. 16, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Quinn.
3389 Union Blv'd

20. FILED DEC 15 1938 J. D. Predeak Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th 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 11:40 AM

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

Pulmonary Tuberculosis.

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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 see above
 Nature of injury

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

If so, specify (Signed) Joseph M. Quinn M.D.
 (Address) Deputy

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 B. W. Ferris
Licensed Embalmer No. 1591
P. O. Address 4106^e Botanea

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.