REC'D MAR 13 1939

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

Do not use this space. 4785

Registration District No. 791

Primary Registration District No. 1003

Registered No. 1478

1. PLACE OF DEATH

(a) County

(b) Township

(c) City or Town St. Louis,

(d) Street No. Firmin Desloge 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 620 Cecil C. Harris

(a) Residence, No. 3004 Magnolia Ave. St. 16
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elva Harris 1907

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 21, ~~1908~~.

7. AGE: Years 31; Months ~~10~~ 9; Days ~~20~~ 23; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Asst. Foreman

9. Industry or business in which work was done, as saw mill, bank, etc.: Bemis Bro. Bag. Co.

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): Malden, Mo. 0

FATHER

13. NAME: John L. Harris 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Malden, Mo. 0

MOTHER

15. MAIDEN NAME: June Stanfill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT: Elva Harris
(ADDRESS) 3004 Magnolia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Marcus Cem. DATE: Feb. 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. H. Gebken & Co. 2630 Gravois Ave.

20. FILED: FEB 15 1939 J. P. Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/24/38, 19..., to 2/14/39, 19...
I last saw her alive on 2/12/39, 19..... Death is said to have occurred on the date stated above, at 2:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis with uremia	Uncertain

Other contributory causes of importance:

Hypertentensive cardiovascular disease	Uncertain

Name of operation Date of

What test confirmed diagnosis? Phys. & Lab. Exam. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: No
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) G. C. Brown, M. D.

(Address) 1325 S. Grand Blvd.

(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.

10 30 A M

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 Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address.....

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

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