

REC'D MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 484

Township

Primary Registration District No. 101City Le Layton (No. St. Louis Co. Hospital)File No. 7737Registered No. 317

St. _____ Ward _____

2. FULL NAME Harrison, June(a) Residence, No. Florisant, R#2 Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------|--|
| 3. SEX <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/26/38</u> | | |
| 7. AGE | YEARS | MONTHS |
| | | <u>1</u> |
| | | DAYS |
| | | <u>28</u> |
| | | If LESS than 1 day, _____ hrs. or _____ min. |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u> |
| | 9. Industry or business in which work was done, as silk mill, 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) Le Layton, Mo.13. NAME Harry Harrison14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Le Layton, Ill.15. MAIDEN NAME Jessie Madigan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Le Layton, Mo.17. INFORMANT Curtis E. Sauer
(ADDRESS) Le Layton, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson City DATE Feb 27 193919. UNDERTAKER Bauman
(ADDRESS) overstays hospital, Mo.20. FILED FEB 21 1939 H. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 193922. I HEREBY CERTIFY, That I attended deceased from 2/18, 1939, to 2/21, 1939.I last saw him alive on 2/21, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Bronchial Pneumonia 7/5/39

107 W

Other contributory causes of importance: Premature infant

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? no23. 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) Curtis E. Sauer, M. D.
(Address) Le Layton, Mo

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.

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