

MAY 11 1939

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

16139
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Rich. Hgts. Primary Registration District No. 111 Registered No. 805
(c) City Rich. Hgts. (d) Street No. St. Mary's 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 Albert Harral

(a) Residence, No. 1903 Union Blvd. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1939 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Harral

22. I HEREBY CERTIFY, That I attended deceased from 4-30-39, 1939, to 5-2-39, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1882

I last saw h. i. m. alive on 5-2-39, 1939. Death is said to have occurred on the date stated above, at 12:30AM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 2 1

The principal cause of death and related causes of importance were as follows:
PNEUMONIA (TYPE VI) Date of onset 5-1-39

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Funeral Dir.
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 25

Other contributory causes of importance: 1226'
VALVULUS SMALL INTESTINE
Name of operation (NO RESECTION) Date of 4-30-39
What test confirmed diagnosis? USUAL Was there an autopsy? No

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

FATHER 13. NAME John Harral

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Frances George

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Helen Harral
(ADDRESS) 1903 Union Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill DATE May 5 1939

19. FUNERAL DIRECTOR (NAME) Rehmann & Harral
(ADDRESS) 1905 Union Blvd

20. FILED MAY - 4 1939 R Meyer Local Registrar

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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) D. O. Mission, M. D.
(Address) 608 Kingsland Ave
St. Louis Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JUL 6 1942

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..... *R. M. Sanford*.....
Licensed Embalmer No..... *2273*.....
P. O. Address..... *St. Louis*.....

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.