

AY -9 1939

REC'D JUN 8 1939

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

19853
Do not use this space.

1. PLACE OF DEATH

(a) County... Saint Louis Registration District No. 784
(b) Township... Carondelet Primary Registration District No. 205
(c) City... Jefferson Barracks (d) Street No. Veterans Facility 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 Willie Harris

(a) Residence, No. 2603a North Jefferson Avenue St. Saint Louis, Missouri
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 0 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Construction Operator
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) Forest City, Arkansas.
(STATE OR COUNTRY)

13. NAME Frank Harris
14. BIRTHPLACE (CITY OR TOWN) Forest City, Arkansas
(STATE OR COUNTRY)

15. MAIDEN NAME Nina Carr
16. BIRTHPLACE (CITY OR TOWN) Forest City, Arkansas.
(STATE OR COUNTRY)

17. INFORMANT Clinical School Jefferson Barracks, Missouri.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE May 10 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. S. L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED MAY -9 1939 W. C. McFarland Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1939

22. I HEREBY CERTIFY, That I attended deceased from May 4 1939, to May 8 1939

I last saw him alive on May 8 1939. Death is said to have occurred on the date stated above, at 2:10 P.M.

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

Lobar Pneumonia, right side, all lobes. Type 7.

Date of onset

4-29-39

Other contributory causes of importance: None

Name of operation None Date of NO
What test confirmed diagnosis? By clinical exam. and lab. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify test
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, 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.

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.....

P. O. Address.....

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.