

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1939 JUL 12 1939

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

20521
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **701**
(b) Township..... Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** Registered No. **5365**
(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Jennie Harris**

(a) Residence, No. **4422 W. Belle** St. **11**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed			21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1939	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown					22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939 , 19... to June 12, 1939 , 19... I last saw h. or alive on June 12, 1939 , 19... Death is said to have occurred on the date stated above, at 6:50a. The principal cause of death and related causes of importance were as follows:	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1861					Hypertensive heart disease Date of onset 5/15/39 Chronic nephritis Other contributory causes of importance: Name of operation..... Date of..... What test confirmed diagnosis? clinical Was there an autopsy? NO	
7. AGE	YEARS 77	MONTHS 6	DAYS 14	IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil					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..... Nature of injury.....	
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).....					24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) H. J. Lyman , M. D. (Address) 2601 N. Whittier	
11. Total time (years) spent in this occupation.....						
12. BIRTHPLACE (CITY OR TOWN) Shelbyville, (STATE OR COUNTRY) Missouri					19. FUNERAL DIRECTOR (NAME) John H. Hempel (ADDRESS) 408 S. Delaware, St. Louis	
13. NAME Enoch Vandiercer						
14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)					20. FILED JUN 16 1939 J. B. Blodgett Local Registrar	
15. MAIDEN NAME Sophia Rose						
16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)					17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier	
18. BURIAL, CREMATION, OR REMOVAL PLACE Gethis Deacon DATE 6/17 19 39						

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 *myself*

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.