

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

23973
Do not use this space.

1. PLACE OF DEATH **REC'D AUG 11 1939** / **791** / **1003** / **6246**
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City **St. Louis Missouri** (d) Street No. **City Sanitarium** St.
 (e) Length of residence in city or town where death occurred **13** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Charles Harper** **616**
 (a) Residence, No. **1323 Monroe** St. **26** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Almeeda Harper | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-2-1871 | | |
| 7. AGE | YEARS 68 | MONTHS 2 |
| | DAYS 12 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad | |
| | 10. Date deceased last worked at this occupation (month and year) Aug. 1936 | 11. Total time (years) spent in this occupation |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Arkansas | |
| | 13. NAME Thomas Harper | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky |
| MOTHER | 15. MAIDEN NAME Unknown | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky | |
| 17. INFORMANT W.L. Moore, M.D. (ADDRESS) 5400 Arsenal St. | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Peace Methodist Church DATE July 15 1939 | | |
| 19. FUNERAL DIRECTOR (NAME) The Reidner Mnd. Co. (ADDRESS) 1417 N. Market St. | | |
| 20. FILED JUL 15 1939 J. P. ... Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-14-39**

22. I HEREBY CERTIFY, That I attended deceased from **4-11-38** 19... to **7-14-39** 19...
 I last saw h. **1m** alive on **7-14-39** 19... Death is said to have occurred on the date stated above, at **3:45 a.m.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis 7-9-39 Date of onset
 Other contributory causes of importance:
Arteriosclerotic Heart Disease 4-11-38x
Gen Arteriosclerosis 4-11-38x
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No.**

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

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **W. L. Moore** M. D.
 (Address) **5400 Arsenal St.**

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.

I X16609

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.