

Registration District No. **791**  
**1002**

Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County St. Louis mo. 3  
(b) City or town St. Louis mo. 3  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Grant & Homer Phillip Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 19 yrs. (Specify whether)  
years, months or days 1921

3. (a) PRINT FULL NAME JERRIE HARRIS  
3. (b) If veteran U.S. Navy name was \_\_\_\_\_  
3. (c) Social Security No. 2999

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 19-1901  
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Holly Spring Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Black Smith

11. Industry or business \_\_\_\_\_  
12. Name Wiley Harris  
13. Birthplace Holly Spring Miss  
(City, town, or county) (State or foreign country)  
14. Maiden name Lacey Bowens  
15. Birthplace Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Harris  
(b) Address 218 Berry St  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-26-39  
(Month) (Day) (Year)  
(c) Place: burial or cremation Shannon Miss

18. (a) Signature of funeral director Atkins Bros  
(b) Address 3644 Finney Ave  
19. (a) 1002 (b) J. B. [Signature]  
(Registrar's sign (by))

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State 1 (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") **[21]**  
(d) Street No. 2210 Carr St. (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month July day 20th  
year 1939 hour 5:05 minute \_\_\_\_\_ P. \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of chest and heart, suffered when shot with gun in the hands of one, Emma Harris, (Col.) wife of deceased, in front of 2210 Carr St., about 5:05 P.M.,  
Due to July 20th, 1939;

Other conditions MS  
(Include pregnancy within 3 months of death)  
Major findings of operation \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence July 20, 1939  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Public Place  
While at work? No (Specify type of place) (a) Means of injury Gun  
23. Signature Joseph [Signature] (M. D. or other)  
Address Deputy [Signature] Date signed 7-24

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

**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: *Arthur L. Hilliard*

Licensed Embalmer No. *3389*

P. O. Address *3028 Dickson*

**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.**