

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE

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.

DEC 11 1939

791
1008

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution Homer Phillip, White & White
(d) Length of stay: In hospital or institution One Day
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County _____
(c) City or town St. Louis
(d) Street No. 2816 Bellech
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME SUSIE HARRIS 620

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas Harris 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Unknown

8. AGE: Years 55 Months Unknown Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Gibson County, Tenn.

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Hall

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Gibson County, Tenn.

16. (a) Informant's own signature Joseph M. Ziegler

(b) Address 2816 No Bellech

17. (a) Burial (b) Date thereof _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. H. ...

(b) Address _____

19. (a) JUL 26 1939 (b) _____

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23
year 1939 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy
Chronic Glomerulonephritis
Nephritis
Other conditions Mexican origin
(Include pregnancy within 3 months of death)

Major findings: non septicemic
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Joseph M. Ziegler
Address Deputy ...
Date signed 7/23

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 Henry Goodin
Licensed Embalmer No. 3050
P. O. Address 4237th Lhabadie

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.