

AUG 11 1939

791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

1003

- (a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Peoples Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 Weeks**
 (Specify whether _____)
 In this community **19 years**
 years, months or days

3. (a) PRINT FULL NAME **Mary Harper** **616**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **nil**

4. Sex **Fem.** 5. Color or race **Col**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **William Harper**
 6. (c) Age of husband or wife if alive **54** years
 7. Birth date of deceased **Dec. 24, 1890**
 (Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | 48 | 7 | 3 | hr. min. |

9. Birthplace **Crawfordsville, Arkansas**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**
 11. Industry or business _____
 12. Name **Charles Howard**
 18. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Martha (Unk)**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mathaniel Harper**
 (b) Address **3504^{1/2} Bell Ave.**
 17. (a) **Burial** (b) Date thereof **8/3/39**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Washington Park Cem**
 18. (a) Signature of funeral director **W. McQueen**
 (b) Address **3517 S. Laclede Ave**
 19. (a) **JUL 31 1939** (b) **J. D. Brubaker**
 (Date received local registrar) (Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **21**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3504^{1/2} Bell Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
 year **1939** hour **5:15** minute **01** M.
 21. I hereby certify that I attended the deceased from **July 15, 1939** to **July 27, 1939**
 that I last saw her alive on **July 27, 1939**
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of uterus

Duration

2 1/2 yrs

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

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) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury **1**

23. Signature **J. D. Brubaker** (M. D. or other) _____
 Address **2130^{1/2} S. Laclede Ave** Date signed _____

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 *A. M. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Soledad 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.