

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37615

State File No.

9454

Registration District No. 701

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1428 Biddle- Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Hazel Mills Harris

8. (b) If veteran, name war _____ 9. (c) Social Security No. ✓

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 2 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Ann Harris

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Julia Harris

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Stettin Jennings

(b) Address 4204 5th St. Cook Ave.

17. (a) _____ (b) Date thereof 11 5 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Bk

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Stoddard St

19. (a) NOV 5 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1428 R Biddle St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1939 hour 10:05 minute _____ 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 Internal hemorrhage Duration _____
from laceration of heart, suffered when deceased fell from porch to

Due to ground in rear of 1428 Biddle St. about 10:00 P.M., Oct. 30th, 1939.

Due to Whether as the result of being struck by brick thrown or being struc

Other conditions With fist of one, Richard Holmes (Col.) could not be
(Include pregnancy within 3 months of death)

Major findings: determined
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence October 30th, 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 Home
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Joseph M. Quinn (M.D. or other)

Address Deputy coroner

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No. *2114*

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.