

DEC 13 1939 701

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **999A**

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 110 Days
(Specify whether
In this community Unknown
years, months or days)

8. (a) PRINT FULL NAME Tom Harris **620**

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucille 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased December 6 1885
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Hunkers + Mallis Lumber Co.

12. Name Nathan Harris

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lucille Harris

(b) Address 4206 Finney

17. (a) Burial (b) Date thereof Nov. 22, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. S. Garner

(b) Address 2829 Washington Ave.

19. (a) 11-17-39 (b) J. J. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis **22**
(If outside city or town limits, write "RURAL")
(d) Street No. 2744a Chouteau Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17
year 1939 hour 6:20 minute A. M.

21. I hereby certify that I attended the deceased from 6-29- 1939, to 11-16- 1939
that I last saw him alive on 11-16- 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Gland Nine Months
Duration

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
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 _____

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? 1

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

23. Signature H. C. [Signature] (M. D. or other) 11-17-39
Address 2601 N. Whittier St. Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

NOV. 6-17-39 I 19391

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 St

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.