

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

N. B.—Every item of information should be carefully 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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38206

State File No. _____

Registrar's No. _____

10045

DEC 13 1939 791
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: **1008**
(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:
Missouri-Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community 5 days
years, months or days)

8. (a) PRINT FULL NAME MRS. NELLIE MAY HARRIS
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Harris Jr. 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased May 29, 1910
(Month) (Day) (Year)

8. AGE: Years 29 Months 5 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife
11. Industry or business St Home

MOTHER FATHER { 12. Name Vernon Holland
13. Birthplace McEwen Tenn.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Nora Lane
15. Birthplace Tennessee City Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address 116a N 2nd St., Dupon, Ill.
17. (a) Removal (b) Date thereof Nov. 24/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Clair Mem. Park

18. (a) Signature of funeral director John G. Massey
(b) Address East St. Louis, Ill.
19. (a) NOV 24 1939 (b) J. B. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 2
(a) State Illinois (b) County St Clair
(c) City or town Dupo NR
(If outside city or town limits, write "RURAL")
(d) Street No. 118a N 2nd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1939 hour 2 minute a M.
21. I hereby certify that I attended the deceased from 11/20/39
_____, 19____ to 11/23/39, 19____;
that I last saw her alive on Nov. 23, 1939, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia (diplococci) 5 days
Duration
Due to Pharyngitis of face 6 days
(diplococcal infection)
and Cellulitis of face 6 days
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? ...
Pimple on face picked & a needle, by self.
While at work? _____ (e) Means of injury _____
23. Signature Malvina T. Bryan (M. D. or other) _____
Address Missouri Pacific Hosp. Date signed 11/24/39

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

L. A. Chapman

Licensed Embalmer No. 3633

P. O. Address 237 Lafayette 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.