DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44739

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 2207

JAN 8 1940

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day. (Specify whether
In this community - years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County -

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4019-A West Bell Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME 625 HARRISON, Floyd H.

3. (b) If veteran, name war World War

3. (c) Social Security No. -

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife wife, Iona Harrison

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased October 15, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	1	28	hr. min.

9. Birthplace Poplar Bluff, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Laborer 0

11. Industry or business - 1

FATHER
12. Name ~~Unknown~~ Henry Harrison 9
13. Birthplace Unknown (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Alice ~~Unknown~~ Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alice Selvaggi
(b) Address Acting Clinical Clerk Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/39 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks Mo

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Ave

19. (a) DEC 16 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1939 hour 12:00 P.M. minute - M.

21. I hereby certify that I attended the deceased from Dec. 12, 1939 to Dec. 13, 1939; that I last saw him alive on Dec. 13, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Syphilitic heart disease, with marked cardiac enlargement, and ~~Due to~~ marked myocardial insufficiency; class V.	unkn.
Due to Tertiary Syphilis.	unkn.
Other conditions - (Include pregnancy within 3 months of death)	

34

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

23. Signature C. W. Hughes, M.D. (M. D. or other) 1
Address Chief Medical Officer, Vet. Admin. Facility, Jefferson Bks., Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39 1 X19511

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 Hellard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson 19

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.