

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.

FILED APR 1 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8750  
Registrar's No. 2233

Registration District No. 791

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

(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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about 8 hours  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Bert William Harris

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-01-8119

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. 10th 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 2 24 hr. min.

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

10. Usual occupation Fireman, Sidel Mfg. Co.

11. Industry or business \_\_\_\_\_

12. Name Bert Harris

18. Birthplace Unavailable  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Unavailable

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

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

(b) Address 2902a Olive St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave.

19. (a) MAR 6 1940 (b) \_\_\_\_\_  
(Date received local registrar)

## 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. 2902a Olive St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 4th. 1940  
year \_\_\_\_\_ hour 10:30 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 \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral apoplexy

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)

23. Signature Red Perry (M. D. or other) \_\_\_\_\_  
Address 1300 Olive St. Date signed 3.6.40

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STATEMENT BY LICENSED EMBALMER

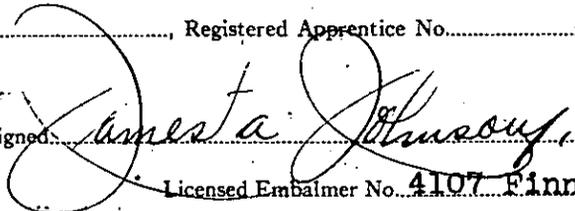
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



3522

..... Licensed Embalmer No. 4107 Finney Ave.

P. O. Address..... St. Louis, Missouri

**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.**