

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9232
Registrar's No. 2715

Registration District No. 791

Primary Registration District No. 1003

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

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:
St. Johns Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves NR
(If outside city or town limits, write "RURAL")
(d) Street No. 400 Marion Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Anne Harris

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Edmund Harris 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 29, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 10 23 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John O'Brien

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

14. Maiden name Mary Walsh
(City, town, or county) (State or foreign country)

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

16. (a) Informant Edmund O'Brien
(b) Address 400 Marion Ave. Webster Groves

17. (a) Burial (b) Date thereof 3/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) MAR 23 1940 (b) J. O. Bullock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1940 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 14th, 1940 to March 21st, 1940
that I last saw her alive on March 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 4 days
Due to Diabetes Mellitis 10 years

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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 Joseph Davis (M. D. or other) _____
Address Century Bldg Date signed 3-24-40

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 *Nancy Stewart*.....

Licensed Embalmer No. 3722.....

P. O. Address 412 Duchouquette 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.