

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9473

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2956

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 Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 das (Specify whether
In this community Unknown (Specify whether
years, months or days)

3. (a) PRINT FULL NAME JOHN HARRIS

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

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

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

7. Birth date of deceased November 12, 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 20 If less than one day
hr. min.

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

10. Usual occupation Unk

11. Industry or business Unk

12. Name Ruben Harris
13. Birthplace XXXX Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Huldie McAllister
15. Birthplace XXXX Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Florence A Spatta
(b) Address 2601 N Whittier

17. (a) (Burial, cremation, or removal) W. J. Jones (b) Date thereof 11/14/40
(Month) (Day) (Year)
(c) Place: burial or cremation W. J. Jones

18. (a) Signature of funeral director W. J. Jones
(b) Address 2500 Rutger

19. (c) MAR 29 1940 (Date received local registrar) (d) [Signature] (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1231 Blair
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1940 hour 4:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from February 28, 1940, to March 3, 1940,
that I last saw him alive on March 3, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of Colon ? 18 mos -2yrs
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within _____ month(s) 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) (e) Means of injury 1

23. Signature H. J. Lyman (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

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.