

MAY 15 1940 791

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

3288

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 Days
(Specify whether
 In this community 6 months
years, months or days)

8. (a) PRINT FULL NAME Joseph Harrington 152

8. (b) If veteran, name war Nil
 8. (c) Social Security No. Nil

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>Single</u>
-----------------	---------------------------	---

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

7. Birth date of deceased March 11 1877
(Month) (Day) (Year)

8. AGE: Years <u>63</u>	Months <u>0</u>	Days <u>28</u>	If less than one day hr. _____ min.
-------------------------	-----------------	----------------	--

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

10. Usual occupation Boot Black

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____

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

16. Informant Guia Selma Worcester

(b) Address 518 Selma Ave Webster Groves Mo

17. (a) Burial (b) Date thereof Apr. 11 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Misselberg General Home

(b) Address 23 W. Lockwood Webster Groves

19. (a) APR 10 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nil
 (c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
 (d) Street No. 1603 Franklin Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1940 hour 2:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 23, 1940, to April 9, 1940;
that I last saw him alive on April 9, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia

Due to Hypertrophied Prostate

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____

23. Signature _____
(Specify type of place) (e) Means of injury

28. Signature _____
Address 1515 Lafayette Date signed 4/9/40

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

MOTHER FATHER

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 _____

J. G. Sullivan

Licensed Embalmer No. 1122

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.