

JUN 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis 3
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Stone Nursing Home - 5861 - Cates Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(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 University City, MO
(If outside city or town limits, write "RURAL")
(d) Street No. 7537 Bryan Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

3. (a) PRINT FULL NAME

Uriah B. Harrison

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1940 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec 1
1938 to May 2, 1940,
that I last saw him alive on May 2, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Prostate

Duration

1 year

Due to

Due to

Other conditions

(Include pregnancy within 9 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy

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) 6
- (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 C. E. S. Terlin - M.D. (M. D. or other)
Address 2050 North 9th St. Rd Date signed 5-3-40

4. Sex M 6. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Minnie Harrison
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feb. 3 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 0
If less than one day 90 min.

9. Birthplace Solconda Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Merchant

11. Industry or business

MOTHER FATHER {
12. Name John Harrison
13. Birthplace Solconda Ill. 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Harrison

(b) Address 7537 Bryan Ave. City, Mo.

17. (a) Burial (b) Date thereof 5-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Blumens Broghe

(b) Address 2504 Woodson Rd - Overland, Mo.

19. (a) MAY 4 1940 (b) J. F. Redick
(Date received local Registrar) (Registrar's signature)

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 Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address 2504 Woodson Rd. Overland Park, Mo.

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.