

JUN 15 1940 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo
(c) Name of hospital or institution:
4446 N. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Fred C. Harig

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

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

6. (b) Name of husband or wife Amelia Harig 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Dec 14 1876
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Grocer and Butcher

11. Industry or business Self

MOTHER FATHER
12. Name John H Harig
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Brosend
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Amelia Harig

(b) Address 4446 N. Broadway

17. (a) Burial (b) Date thereof May 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Benedictine Funeral Home

(b) Address 1936 St. Louis Ave

19. MAY 20 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4446a N. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. U. S. Born years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1940 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from March 15
1940, to May 19 1940
that I last saw him alive on May 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Stenosis
Duration Several
Years

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Includes 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)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 3825 N. 20th Date signed 5/20/40

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.

C. J. ...
Jan 25 11. 2011
...

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.....
.....
Licensed Embalmer No..... 2737
P. O. Address..... 1936 St. Louis

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.