

No. 2  
-11-10-30  
5-17-39  
1 X21492

FILED AUG 25 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23172  
Registrar's No. 5617

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 1  
(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 G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 days  
In this community 43 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Harris 620

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. unk

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

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

7. Birth date of deceased 12 26 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Harris

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

14. Maiden name Sarah Spears

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

16. (a) Informant E. M. Sherard  
(b) Address 2601 N. Whittier

17. (a) \_\_\_\_\_ (b) Date thereof 6-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. J. Butler  
(b) Address 2805 Butler

19. (a) JUL 1 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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. 1402a N. 10th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6- day 18  
year 1940 hour 12 minut 50 P. M.

21. I hereby certify that I attended the deceased from 5-24- 1940 to 6-18- 1940;  
that I last saw him alive on 6-18- 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease About 6 Years  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 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) \_\_\_\_\_  
(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 H. J. Symon (M. D. or other) 6-22-1940  
Address 2601 N. Whittier Date signed \_\_\_\_\_

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**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.....

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.**