

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Route Home Phyllys
(d) Length of stay: In hospital or institution 3
In this community 655 years, months or days

3. (a) PRINT FULL NAME

Percy Harmon

8. (b) If veteran, name war

8. (c) Social Security No.

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

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 39 Months Days If less than one day hr. min.

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

10. Usual occupation Labourer

11. Industry or business

MOTHER { 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. (a) Informant Jessie Koenig (b) Address 3417 W. ...

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 7-5-40

18. (a) Signature of funeral director W. ... (b) Address 3410 ...

19. (a) AUG 2 1940 (Date received local registrar) (b) J. G. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 3412
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24 year 1940 hour 4:29 minute P.

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

Immediate cause of death Chronic Myocarditis

Due to with decompensation Generalized Edema

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A3C Of autopsy

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 Jessie Koenig Address 3417 W. ... Date signed

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

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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.