

No. 2  
13-40  
17-39  
X23155

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1752

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hosp.  
(If not in hospital or institution, write the street number or location)

(d) Length of stay: In hospital or institution. 1  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Un-Named

3. (b) If veteran, name war. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male race w

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced. single

6. (b) Name of husband or wife. \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased. 9-12-40  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_  
hr. 10-15 min. \_\_\_\_\_

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

10. Usual occupation. 1

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

MOTHER FATHER { 12. Name Forest Oliver Capt. Harne

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

14. Maiden name Ann Hazel Hulme

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

16. (a) Informant Ann Capt. Harne

(b) Address 5536 Pershing Ave.

17. (a) \_\_\_\_\_ (b) Date thereof St. Louis Mo  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Body signed over to

18. (a) Signature of funeral director Dr. H. H. Hummerly

(b) Address of Medicine

19. (a) SEP 16 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County J

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL.")

(d) Street No. 5536 Pershing  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 12  
year 1940 hour 8:11 A.M. minute \_\_\_\_\_ M.

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 Cause undetermined

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: NO B.

Of autopsy no positive findings

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? \_\_\_\_\_

While at work? 707 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Francis Holloway (M. D. or other) MD

Address 7161 Delmar Municipal City Date signed 9-12-40

**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, fact should be so stated above.**