V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34008

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8705

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis 23
(If outside city or town limits write "RURAL")
(d) Street No. 213 Lafayette
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bertha Harris
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jimmie Harris
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Unknown (Month) Unknown (Day) 1911 (Year)
8. AGE: Years About 29 Months Unknown Days If less than one day hr. min.
9. Birthplace Camphill (City, town, or county) Ala. (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Sandy Ware
13. Birthplace Camphill (City, town, or county) Ala. (State or foreign country)
MOTHER
14. Maiden name Mary Roberson
15. Birthplace Camphill (City, town, or county) Ala. (State or foreign country)
16. (a) Informant Jimmie Harris
(b) Address 213 Lafayette Ave
17. (a) (Burial, cremation, or removal) (b) Date thereof Oct. 22 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A. H. Bluff?
(b) Address 1700 S. 3. St. St Louis Mo
19. (a) OCT 22 1940 (Date received local registrar) (b) J. J. Bides (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1940 hour 5:40 minute P. M.
21. I hereby certify that I attended the deceased from October 11, 1940 to October 17, 1940, that I last saw her alive on October 17, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction	8 days
Pelvic Inflammatory Mass c Peritonitis	3 mos
Due to Non Malignant	
Due to Non Puerperal	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E A McDonald (M. D. or other)
Address 2601 N Whittier Date signed 10/21/40

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkin

Licensed Embalmer No. 2842

P. O. Address 3644 Fine

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.