

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

34067

Registrar's No.

8764

District No.

791

Primary Registration District No.

1003

## 1. PLACE OF DEATH:

- (a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2617 McNair Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
(Specify whether years, months or days)  
In this community **2**  
years, months or days

3. (a) PRINT FULL NAME **JOHN HARFMANN**8. (b) If veteran,  
name war. **----**8. (c) Social Security No. **493-10-8183**4. Sex **Male**5. Color or race **White**6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Eva**6. (c) Age of husband or wife If alive **61** years7. Birth date of deceased **November 30 1878**  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
**61 10 23** hr. **1** min.9. Birthplace **Austria-Germany**  
(City, town, or county) (State or foreign country)10. Usual occupation **Painting**

11. Industry or business

12. Name **Frank Harfmann**13. Birthplace **Austria-Germany**  
(City, town, or county) (State or foreign country)14. Maiden name **Unknown**15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Eva Harfmann**(b) Address **2617 McNair Ave.**17. (a) **Burial** (b) Date thereof **Oct. 26, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **St. Peter & Paul Cemetery**18. (a) Signature of funeral director **J. H. G. & Co.**(b) Address **2630 Gravois Ave.**19. (a) **OCT 24 1940**  
(Date received local registration)(b) **J. H. G. & Co.**  
(Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2617 McNair Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **40** years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23**  
year **1940** hour **4** minute **A.** M.21. I hereby certify that I attended the deceased from **July 1940** to **Oct 22 1940**  
that I last saw him alive on **Oct 22 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Cancer Stomach**

Due to

Due to

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.

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 **Charles C. Drees** (M. D. or other)  
Address **3702 Gravois** Date signed

**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

**Joseph S. Benz**

, Registered Apprentice No. **218**

working under my personal supervision.

Signed

*Herman A. Gubken*

Licensed Embalmer No. **2120**

**2842 Meramec St.**

P. O. Address **St. Louis, Mo.**

**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.**