

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34227**  
Registrar's No. **8924**

Registration 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 **3038 Dickson**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
(Specify whether)  
In this community **25 years**  
(years, months or days)

3. (a) PRINT

FULL NAME **GARFIELD HARPER**

3. (b) If veteran,

name war **---**

3. (c) Social Security

No. **497-07-0811**

4. Sex **MALE**

5. Color or

race **NEGRO**

6. (a) Single, widowed, married,

divorced **married**

6. (b) Name of husband or wife

**Betha**

6. (c) Age of husband or wife if

alive **56** years

7. Birth date of deceased

**12**  
(Month)

**1**  
(Day)

**1888**  
(Year)

8. AGE:

Years

Months

Days

If less than one day

**51**

**10**

**26**

**---** hr. **---** min.

9. Birthplace

**Ala.**

(City, town, or county)

(State or foreign country)

10. Usual occupation

**Molder**

11. Industry or business

MOTHER FATHER

12. Name **Dickson Harper**

13. Birthplace **Ala.**

(City, town, or county)

(State or foreign country)

14. Maiden name **Ellen Jones**

15. Birthplace **Kanawha**

(City, town, or county)

(State or foreign country)

16. (a) Informant

**Blanche Harper**

(b) Address

**3038 Dickson**

17. (a)

**Burial**  
(Burial, cremation, or removal)

(b) Date thereof

**11-2-40**  
(Month) (Day) (Year)

(c) Place: burial or cremation

**Washington Park**

18. (a) Signature of funeral director

**W. H. H. H.**

(b) Address

**1900 car**

19. **OCT 30 1940**

(b)

**J. B. Breda**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3038 Dickson**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **21** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **27th**  
year **1940** hour **4** minute **30** M.

21. I hereby certify that I attended the deceased from **Sept 21st**  
19**40** to **Oct 27** 19**40**  
that I last saw him alive on **Oct 21** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Chr. Pulmonary Tuberculosis**  
**Tubercular Infection**

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

**Thos. A. Lewis**

(M. D. or other)

Address

**315 1/2 E. Astor Ave.**

Date signed **10/28-40**

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

**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; ~~and~~ \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

**Signed**

E. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2820 Dickson

**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.**