

FILED JAN 15 1940 791

Registration District No. _____ Primary Registration District No. _____

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:
1922 1/2 Franklin, Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Lillie Pearl Harper

3. (b) If veteran, name war no 8. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Sept 17, 1939
(Month) (Day) (Year)

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

9. Birthplace St. Louis no
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Hardell Harper

13. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Gene Nelson

15. Birthplace Houston Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Hardell Harper

(b) Address 1922 1/2 Franklin, Ave

17. (a) Burial (b) Date thereof Dec. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PK

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Lucas, Ave

19. (a) DEC 2 1940 (b) J. H. Biedeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1922 1/2 Franklin, Ave
(If rural, give location)
(e) Foreign born? how long in U.S.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
year 1940 hour 1:30 minute _____ A. 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 _____
Broncho pneumonia

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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? _____

23. Signature Alfred Hersey (M. D. or other) _____
Address St. Louis, Mo Date signed 2/3/40

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

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

2
10-39
-39
21492

Not embalmed
CF

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.