DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40115

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 9886

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:
3749a N. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 (Specify whether
In this community 65 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 3749a N. Broadway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 65 Yrs. years.

3. (a) PRINT FULL NAME Henry A. Harrs

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Harrs

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan. 17, 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	10	25	hr. min.

9. Birthplace Unk. (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation Retired Saloonkeeper 6

11. Industry or business Saloon Business 6

FATHER
12. Name Andrew Harrs
13. Birthplace Unk. (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Margaret Unkown
15. Birthplace Unk. (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Mary Harrs
(b) Address 3749a N. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 3934 N. 20th. St.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2, year 1940 hour 9 A.M. minute M.

21. I hereby certify that I attended the deceased from 8 a.m. Dec. 2, 1940, 19 to 9 a.m. Dec 2, 1940 that I last saw him alive on this day of Dec 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Broncho Edema of lungs

Due to Cardiac hypertrophy & ch myocarditis

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature H. S. Hoermann (~~M. D.~~ D.O. or other)
Address 1449 McCaran Date signed Dec 2, 1940

(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 Alfred J. Bodelson

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.