No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1940 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40152

Registrar's No. 9923

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

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Mo. (b) County St. Louis Co

(c) City or town University City N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 1151 Sutter Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME William Harris

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Augusta Harris

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 16, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 14 If less than one day hr. min.

9. Birthplace England (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired 4

11. Industry or business

FATHER
12. Name George Harris 4
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Ann Page
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. Augusta Harris
(b) Address 1151 Sutter Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/40. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) DEC 3 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1940 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 30/40, 19, to 11/30, 1940;
that I last saw him alive on 11/30, 1940,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-Sclerotic Heart Disease	Months
Due to Art. Sclerosis	?
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur E. Strauss (M. D. ~~or other~~) M.D.
Address 539 N. Grand Date signed 12/9/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Arthur E. Strauss
Humboldt Bldg
Je. 6525
Jy 30 PM

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. 3225

P. O. Address 1125 Hodiamont Ave.

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

If this body is not embalmed, fact should be so stated above.