

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 days (Specify whether
In this community 20 Years. years, months or days)

3. (a) PRINT FULL NAME Ralph Leland Harrison

8. (b) If veteran, name war. No. No. 3. (c) Social Security No. 493-01-3134

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Harrison 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased June 14 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 6 3 hr. min.

9. Birthplace Denver, Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Finisher

11. Industry or business

12. Name Arther Harrison

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

14. Maiden name Leona Milligan

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

16. (a) Informant's own signature Edna Harrison

(b) Address 2023 Palm St.

17. (a) Burial (b) Date thereof 12-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 19 1940 (b) J. T. Breckach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 26
(d) Street No. 2023 Palm
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1940 hour 4⁰⁰ minute A M.

21. I hereby certify that I attended the deceased from Nov 8, 1940, to Dec 17, 1940;
that I last saw him alive on Dec 17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease
Cardiac decompensation

Due to _____

Due to _____

Other conditions (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? _____

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

28. Signature Edward Mause (M. D. XXXXXX)

Address BARNES HOSPITAL Date signed 12-17-40

2025 UPDATING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

John P. Bushholz

Licensed Embalmer No. *16704*

P. O. Address *2213 S. Harris St.*

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.