S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40690

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10461

**1. PLACE OF DEATH:**

(a) County St. Louis 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: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 0

(a) State Missouri (b) County ~~St. Louis~~

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

(d) Street No. 1354a Glasgow 21
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Harris, Grace

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race C

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

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

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased March 9, 1919 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 21 | 9 | 9 | hr. min. |

9. Birthplace Bolivar (City, town, or county) Tennessee (State or foreign country) 1

10. Usual occupation Housework 1

11. Industry or business 1

FATHER
12. Name Sam Fentress
13. Birthplace Bolivar (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mattie Hood
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Charlie Harris
(b) Address 1354a Glasgow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/40 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede ave

19. (a) DEC 20 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12th day 18th year 1940 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from 12-7-40 19 , to 12-18- , 1940
that I last saw her alive on 12-18- , 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis

Due to Ac. bilateral salpingitis non-venereal

Due to 1390

Other conditions Rt. Lobar Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia; Generalized Peritonitis

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 G. S. Davis (M. D. or other) M.D.
Address St. Mary's Infirmary Date signed 12-19-40

(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 P. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Av

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

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