

No. 2
1-4-41
-17-39
X26390

FILLED JUL 21 1941 91

Registration District No. _____

Primary Registration District No. _____

1003

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17
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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Em 13-18 Belgrade Road
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St Louis 1117
(If outside city or town limits, write "RURAL")
(d) Street No. 1813 Belgrade ?
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
No Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2
year 1941 hour 11 minute 30 P.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 _____ Duration _____

Broncho Pneumonia
Contrib L. Leptosamia

Due to Jaundice
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.

3. (a) PRINT FULL NAME ROSIE MARLE HARPER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Real 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: aug 13 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Tom Harper

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

14. Maiden name Alberta Swopes

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

16. (a) Informant Tom Harper

(b) Address 1813 Belgrade

17. (a) Burial (b) Date thereof 6-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. F. Gardner

(b) Address _____

19. (a) JUN 26 1941 (b) J. B. Bredsch
(Date received local registrar) (Registrar's signature)

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 *A. P. Richards*

Licensed Embalmer No. *2898*

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, fact should be so stated above.