S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20071

State File No. 4883

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

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: En Route to H. G. Phillips Hosp. (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) Many Harris also known as

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 100

(c) City or town St. Louis 267 (If outside city or town limits, write "RURAL")

(d) Street No. 1741 N. Broadway 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mae Hulda Harrison

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Females

5. Color or race Col

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

6. (b) Name of husband or wife Arthur Harrison

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased abt (Month) 1909 (Day) (Year)

8. AGE: Years abt 32 Months Days If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Kidd
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Alice
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant John Rice

(b) Address 1233 Lucas ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director McDowell

(b) Address 1711 N. Taylor Ave.

19. (a) JUN 13 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1941 hour 7 minute 50 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage from Stabwound of the Heart

Due to Inflicted at the Hands of one

Due to William Scruggs Col. at 1741 N. Broadway about 7:40 Pm May 6/13/941

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ~~5/6/41~~

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) Homicide

(b) Date of occurrence ~~5/6/41~~ 6/6/41

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

(e) While at work? (f) Means of injury

23. Signature Thomas F Callanan (M. D. or other)

Address Deputy Coroner Date signed 6/13/41

(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 William C. McDowell

Licensed Embalmer No. 2114

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, above space should be left blank.