

MAILED SEP 17 1941

1003

Registration District No. 791

Primary Registration District No. ....

Registrar's No. 6993

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:  
4355 North Market St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4355 North Market St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Julia Harris  
3. (b) If veteran, name war ---  
3. (c) Social Security No. ---

20. DATE OF DEATH: Month August day 26th.  
year 1941 hour 6:30 minute a. M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William Harris 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased Unavailable about 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 17<sup>th</sup> 1941 to August 26th. 1941  
that I last saw her alive on August 26th. 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years about 80 Months Days If less than one day  
hr. min.

Immediate cause of death frustration  
Robert  
Duration  
Due to not known

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

Other conditions mythical insufficiency  
depression - chronic  
Major findings: 100  
Operations

10. Usual occupation Housewife

11. Industry or business.....

12. Name Unavailable  
13. Birthplace Unavailable  
(City, town, or county) (State or foreign country)  
14. Maiden name Unavailable  
15. Birthplace Unavailable  
(City, town, or county) (State or foreign country)

Of autopsy 100  
Underline the cause to which death should be charged statistically.

16. (a) Informant Bertude Jemison  
(b) Address 4204a West Cook Ave.  
17. (a) Burial (b) Date thereof 8-29-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.

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.....

18. (a) Signature of funeral director Chas. Bates  
(b) Address 4107 Finney Ave.  
19. (a) AUG 29 1941 (b) J. F. Winstan  
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Winstan (M. D. or other) 0  
Address 2742a Franklin Ave. Date signed 8/27/41

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

**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.....

James A. Johnson

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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.**