

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7835

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:
Mardel & McCausland Streets
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **34 Years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **6804 Marquette**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Richard D. Harrison**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Margaret** 6. (c) Age of husband or wife if alive..... **54** years
7. Birth date of deceased..... **September 7 1879**
(Month) (Day) (Year)

8. AGE: Years **62** Months **0** Days **21** If less than one day hr. min.

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

10. Usual occupation **Radio Business**

11. Industry or business **Prop.**

MOTHER FATHER { 12. Name **Thomas Harrison**
13. Birthplace **Blackpool England**
(City, town, or county) (State or foreign country)
14. Maiden name **Alvina Scheaka**
15. Birthplace **Dallas Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Harrison**

(b) Address **6804 Marquette**

17. (a) **Burial** (b) Date thereof **10-1-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Churchyard**

18. (a) Signature of funeral director **Robert W. Schaefer**
(b) Address **3634 Gravois Ave.**

19. (a) **Oct 30 1941** (b) **J. J. Budwick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **28** th. year **1941** hour **12** minute **Noon** 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.....
Coronary Sclerosis
Due to.....
Due to.....
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.

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) (c) Means of injury.....
23. Signature **Walter Perry** (M. D. or other) **3**
Address **1234 Broadway** Date signed **9/30/41**

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

497
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17
9

County

10

2712081

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 Robert Wheeler
Licensed Embalmer No. 3178
P. O. Address Stoums

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.