

JAN 24 1942 791
Registration District No.

Primary Registration District No. 1003

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:
Mo. Baptist Hospital
(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)

3. (a) PRINT FULL NAME **Ella Elizabeth Harness**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **June 10 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 29 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Jim Maupin**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Lizzie Tripplett**

15. Birthplace **Palmyra Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Harness**

(b) Address **St. Clair, Mo.**

17. (a) **Removal** (b) Date thereof **12-10-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Clair, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **DEC 9 1941** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **9**
year **1941** hour **10** minute **30** A.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.....
Infarction Posterior Wall
Left Ventricle

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

Major findings:
Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature **Albert H. Hoppe** (M. D. or other)
Address **St. Clair, Mo.**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

960
17
9
86

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.....

Michael J. Burnley

Licensed Embalmer No. *42020*

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.