

FILED FEB 24 1942  
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 305

7600

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four days  
(Specify whether years, months or days)

In this community Twenty days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 7547 Wilington Way  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Harris

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 23 1917  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>4</u>	<u>14</u>	hr. _____ min.

9. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Record

(b) Address Station Hospital, Jeff. Bks., Mo.

17. (a) BURIAL (b) Date thereof FEB. 11, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEM

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Broadway

19. (a) FEB 11 1942 (b) C. N. McVann  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day seventh  
year 1942 hour third minute 05 AM

21. I hereby certify that I attended the deceased from February fourth, 1942, to February 7th, 1942;

that I last saw him alive on February 7th, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Rabies Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Compatible with above

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 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Morton D. Pareria, 1st Lt (M. D. or other) MD

Address Station Hosp., Jeff. Bks., Mo. Date signed 2/7/42

copy

**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 *Linus C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

**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.**