

FILED MAR 24 1942
Registration District No. 7401

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harriet Halson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Theodore 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unavailable, 1875
(Month) (Day) (Year)

8. AGE: Years Abt. 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Christian Co., Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Otho Dixon

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

14. Maiden name Unavailable, Casey

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

16. (a) Informant John Worth

(b) Address 1722 N. Whittier St.

17. (a) Removal (b) Date thereof 3/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madisonville, Ken.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) MAD - 1042 (b) J. F. Prudek
(Date received local report) (Registrar's signature)

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. 1722 Whittier
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2,
year 1942 hour _____ 4. minute 35 P. M.

21. I hereby certify that I attended the deceased from February 22, 1942 to March 2, 1942
that I last saw her alive on March 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 1 week

Due to _____

Due to _____

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

Major findings: 107
Of operations _____

Of autopsy 107

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? _____

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other)

Address 2601 Whittier Date signed 3/4/42

STATEMENT BY LICENSED EMBALMER

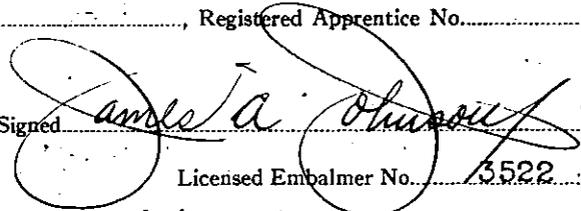
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James Arthur 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.