

FILED MAR 17 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1778

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

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:
826 N. 14th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 50 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... 25000

(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No..... 826 N. 14th St. 7
(If rural, give location)

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

3. (a) PRINT FULL NAME..... Marie Harris

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 19th 1942
year..... 1942 hour..... 8:10 minute..... A. M.

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

6. (b) Name of husband or wife..... Unknown 6. (2) Age of husband or wife if alive..... years

7. Birth date of deceased..... abt. 1856
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
<u>abt.</u>	<u>86</u>			hr. min.

9. Birthplace..... Covington Tenn.
(City, town, or county) (State or foreign country)

Immediate cause of death.....

Due to..... Coronary Thrombosis

Due to..... Arterio Sclerosis

10. Usual occupation.....

11. Industry or business..... Nil

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

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

Major findings:
Of operations.....
Of autopsy.....

16. (a) Informant..... Malinda Tater
(b) Address..... 826 N. 14th St.

17. (a) Burial (b) Date thereof..... 2/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood

18. (a) Signature of funeral director..... M. Dowell
(b) Address..... 1744 N. Taylor Ave

19. (a) FEB 26 1942 (b) J. F. Bledock
(Date received local registrar) (Registrar's signature)

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) Means of injury..... 3

23. Signature..... Alfred Perry (M. D. or other)
Address..... Lebanon Date signed..... 2/26/42

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No. *2114*.....

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.