S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

100-5

Primary Registration District No.

State File No. 4426

2081

Registrar's No.

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: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Normandy NRS
(If outside city or town limits, write "RURAL")
(d) Street No. 7215 St. Andrews Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vincent P. Harris

3. (b) If veteran, name war

3. (c) Social Security No. 493-10-2306

4. Sex Male

5. Color or race White

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 July (Month) 19 (Day) 1885 (Year)

8. AGE: Years 56 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Real Estate

FATHER
12. Name P.J. Harris
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Cooney
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Martha Harris
(b) Address 7215 St. Andrews Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3- 7- 42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) MAR 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1942 hour 12 minute 45 a M.

21. I hereby certify that I attended the deceased from Mar. 2. 42, 19..., to Mar 5, 1942, that I last saw him alive on Mar 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock	
Due to Perforated Peptic Ulcer	2 days
Due to	
Other conditions Mild Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations Ruptured peptic ulcer	
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) no
(b) Date of occurrence no
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? no (e) Means of injury none

23. Signature W. L. Stoelle M.D. (M. D. or other)
Address 724 Natural Bridge Date signed 3-5-42

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.