

FILED APR 13 1942
791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County... St. Louis
(b) City or town... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 0 (Specify whether
In this community... years, months or days)

3. (a) PRINT FULL NAME Grace L. Hargis

3. (b) If veteran, name war... None
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... Allen Hargis
6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... Sept. 2nd 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 20
If less than one day hr. min.

9. Birthplace... Rolla Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation... Housewife

11. Industry or business

12. Name... James Dyer

13. Birthplace... Rolla Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name... Anna White
15. Birthplace... Rolla Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant... Allen Hargis

(b) Address... 4430 Oakland Ave.

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof... 3-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation... Rolla Missouri

18. (a) Signature of funeral director... Kriegshauser Mortuar

(b) Address... 4228 So. Kingshighway Blvd.

19. (a) MAR 23 1942 (Date received local registrar)
(b) J. T. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... 18 000 17
(c) City or town... St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No... 4430 Oakland Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1942 hour 5 minute AM M.

21. I hereby certify that I attended the deceased from 3-14-42
19... to 3-22 1942
that I last saw him alive on 3-21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death... SOBAR Pneumonia 5 days
Due to... Acute Coryza 3 days

Due to... Green
Other conditions... Chronic Nephritis 3 yrs.
Obesity 12 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations...
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)
(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?

23. Signature... J. T. [Signature] M.D.
Address... 4501 [Address] Date signed 3-23-42
(Specify type of place) (e) Means of injury

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

MOTHER FATHER

J. M. Wells
45010 Massachusetts Ave
New 9-12-3-5 Franklin 0630

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 Edwin M. Gernath
Licensed Embalmer No. 3024
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.