No. 2
-9-4-41
5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8658

FILED APR 17 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3094

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: 1739a N.9th.St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri. (b) County 26
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 1739a N.9th.St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME William H. Harkins

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May Harkins

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 5 1873 (Month) (Day) (Year)

8. AGE: Years 68 | Months 10 | Days 29 | If less than one day hr. min.

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

10. Usual occupation Retired Millwright.

11. Industry or business

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

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant May Harkins.
(b) Address 1739a N.9th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Hy. Leidner Und. CO.
(b) Address 2223 St. Louis Ave.

19. (a) APR 7 1942 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1942 hour 12 Midnight minute M.

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.

Immediate cause of death Fracture of Skull Subdural Hemorrhage of the Brain When he was struck and knocked to the ground by one Willie Mitchell (Col) about 7:25 PM 4/4/42 at 13th and Biddle St — Duration

Due to

Due to

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

Major findings:
Of operations
Of autopsy Pending

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) Homicide
(b) Date of occurrence 4/4/42
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas H. Allan (M.D. or other)
Address Deputy Coroner Date signed 4/7/42

(Licensed Embalmer's Statement on Reverse Side)

#P

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.

John P. Buchholz

Signed ~~Homer L. Ponder~~

Licensed Embalmer No. ~~3567~~ 1674

P. O. Address 2223 St. Louis 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.