

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11980**
Registrar's No. **596**

FILED MAR 31 1942
Registration District No. **188**

Primary Registration District No. **200**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Ferdinand Twp. Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis **96**
(c) City or town Ferguson, Mo. **1**
(If outside city or town limits, write "RURAL")
(d) Street No. Calverton & Florissant Rd. **2**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kasrial Harris
3. (b) If veteran, name war No 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13
year 1942 hour 10 minute P M.

4. Sex Male **1** 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased Nov. 17 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
85 3 26hr.min.

Immediate cause of death Struck by an automobile while a pedestrian on a public highway. Duration
Due to Fracture of both tibias; frac. of all ribs; blood in
Due to both pleural cavities; rupture of pericardial sac.

9. Birthplace New York **1** N. Y.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy Yes **170-8**

10. Usual occupation Merchant
11. Industry or business Own furniture business
12. Name M. Barnett Harris
13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Rose Sweeney
(b) Address Ferguson, Mo.
17. (a) Burial (b) Date thereof 3-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 13, 1942 **096**
(c) Where did injury occur? Calverton & Florissant Rd
(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)

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5200 Delmar Ave.
19. (a) **MAR 16 1942** (b) E. B. McJannet
(Date received local registrar) (Registrar's signature)

While at work?..... (a) Means of injury.....
23. Signature Louis H. Bopp (M. D. or other)
Address Kirkwood, Mo. **3/14/42** Date signed

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.....

Licensed Embalmer No.....

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.