

S. No. 2
M-1-4-41
v. 5-17-39
X26390

12680

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 19 1942 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4065

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 4 Months

3. (a) PRINT FULL NAME Florence Burnett Harris

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Art Harris

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

7. Birth date of deceased 8 (Month) 25 (Day) 1877 (Year)

8. AGE: Years 64 Months 8 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Supreme Auditor

11. Industry or business Royal Neighbors of America

MOTHER FATHER

12. Name Godfrey Burnett

13. Birthplace Mercer County Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Emily Jerman

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

16. (a) Informant Mrs. Les Herrick

(b) Address #30 Ridge Top

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 (Month) 8 (Day) 1942 (Year)

(c) Place: burial or cremation Muskogee, Okla.

18. (a) Signature of funeral director Alexander Jones

(b) Address 6175 Delmar Blvd

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5660 Kingsbury
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1942 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan. 28 1942 to May 6 1942
that I last saw h. alive on May 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to _____

Due to _____

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

Duration 4 mo.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Arthur D. Day (M. D. or other) _____

Address 3720 Washington Date signed 5-6-42

(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.....

Raymond S. Morris....., Registered Apprentice No. *290*
working under my personal supervision.

Signed *Jos. E. McCulloch*.....

Licensed Embalmer No. *2460*

P. O. Address *6175 Pelmar*

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.