

FILED JUN 2 1942 791

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 4484

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:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Hours
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County..... 000
17

(c) City or town St. Louis. 20 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2300 Hebert St.
(If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME George Harris.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Barbara Harris 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 1 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 7 19 hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer.

11. Industry or business Self.

MOTHER FATHER

12. Name William Harris.

13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Abigail Beal

15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Barbara Harris

(b) Address 2300 Hebert St.

17. (a) Burial (b) Date thereof 5-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 22 (b) J. J. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1942 hour 4:10 P.M. minute M.

21. I hereby certify that I attended the deceased from 11 am
May 20, 1942 to 4 pm May 20, 1942
that I last saw him alive on May 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated duodenal ulcer,
Peritonitis
Shock

Due to.....

Due to..... 117

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

Duration

PHYSICIAN

Major findings:
Of operations.....

Of autopsy perforated duodenal
ulcer

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?
(Specify type of place)

While at work?..... (e) Means of injury..... 0

23. Signature J. J. Busch (M. D. or other) 0
Address St. Louis, Mo. Date signed 5/21/42

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

00
17
9

Dr. Pybourn

1-3 P.M.

258 Herbert St.

Ch. 5196

EMERALD MPA

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

John P. Burdhold

Licensed Embalmer No.

16714

P. O. Address

2293 S. 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.