

FILED JUN 29 1942 791

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 000
(c) City or town St. Louis, Mo. 219
(If outside city or town limits, write "RURAL")
(d) Street No. 2739 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maggie Harris

3. (b) If veteran, name war _____ 3. (c) Social Security No. 144

4. Sex Female 5. Color or race Cal 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April 30th 1905
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Harry Cartwright

13. Birthplace York Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann

15. Birthplace York Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant James Harris Jr.

(b) Address 2739 Delmar Blvd

17. (a) Burial (b) Date thereof 6-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Labelle & Son

(b) Address 3133 Ball Ave

19. (a) JUN 17 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1942 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis;
Chronic Parenchymatous Nephritis;

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (or) Means of injury 3

23. Signature Thomas A. Hallinan (M.D. or other)

Address Deputy Coroner Date signed 6/16/42

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. *4657*

P. O. Address. *Louisville*

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.