

S. No. 2
M-5-42
5-17-39
P I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25898

State File No.

Registrar's No. **7337**

FILED SEP 10 1942
Registration District No. **18**

Primary Registration District No. **1000**

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:
at Homer G. Phillips Hosp.
(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..... (b) County.....
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1225 No. 9th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lee Harris (Col.)

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

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 67 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name Unk.

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

14. Maiden name Unk.

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

16. (a) Informant Coroner's Office
(b) Address 1300 Clark Ave.

17. Funeral Home (c) Date of 9-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director J. J. Medeck

(b) Address 3500 Pacific

19. (a) SEP 1 1942 (b) J. J. Medeck
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15th.
year 1942 hour 4:40 minute P. 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 Broncho Pneumonia; Duration
Old Fracture of Left Femur; suffered
when deceased fell in the street at
4th & Cole, on June 16th, 1942,
at about 7:15 P.M.

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

Major findings:
Of operations.....
Of autopsy.....
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 June 16th, 1942

(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?
In Public Place

While at work?..... (Specify type of place) (e) Means of injury..... 3

23. Signature Thos F Callanahan (M.D. or other)
Address Deputy Coroner Date signed 9/1/42

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

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.