

FILED SEP 8 1942

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 1692

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town KCOCH, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 25 DAYS
(Specify whether years, months or days)
In this community SAME

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. 302 N. JEFFERSON
(If rural, give location)
(e) Citizen of foreign country? NO
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM EDWARD HARRIS

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

4. Sex M 2 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced, WIDOWED
(b) Name of husband or wife U. R. LINDA 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 21, 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation PAINTER + PLASTERER

11. Industry or business _____

12. Name BOCK HARRIS

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

14. Maiden name LITTLE FOSTE

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

16. (a) Informant PATIENT

(b) Address Kech, Mo.

17. (a) Burial (b) Date thereof 8 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation cemetery

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 Lafayette

19. (a) AUG 12 1942 (b) Registrar's signature W. H. [Signature]
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 4
year 1942 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from JULY 10, 1942 to AUGUST 4, 1942
that I last saw him alive on AUGUST 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS 2 YRS (?)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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 Bernard Friedman (M. D. or other) M.D.

Address Kech, Mo. Date signed 8-5-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MCL

96
00

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.

Harry E. Jolley
54111 8
45078
St. Louis Mo
SEP 2 1911