

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9550**

1. PLACE OF DEATH:
(a) County **ST LOUIS**
(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 LOUIS CHILDRENS HOSP.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
Specify whether
In this community **1 day**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **000**
(c) City or town **ST LOUIS** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **5056 ENRIGHT AVE** (If rural, give location) **912**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Alice Bessie Hargis**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **15**
year **1942** hour **12** minute **35** A.M.
21. I hereby certify that I attended the deceased from **11-14**
1942, to **11-15**, **1942**
that I last saw him alive on **11-15**, **1942**
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive **24** years
7. Birth date of deceased **Nov.** **24** **1934**
(Month) (Day) (Year)

Immediate cause of death
Generalized peritonitis Duration **5 days**
Due to **Acute appendicitis** **7 days**
Due to **peritonitis**
Other conditions (include pregnancy within 3 months of death) **peritonitis**
Major findings: Of operations.....
Of autopsy **Ruptured appendix, generalized peritonitis, terminal bronchopneumonia.**

8. AGE: Years Months Days If less than one day
7 **11** **21** hr. min.

9. Birthplace **Mo** **0**
(City, town, or county) (State or foreign country)
10. Usual occupation **AT SCHOOL**

11. Industry or business.....
12. Name **LEO HARGIS**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **BESSIE BYNUM**
Mo
(City, town, or county) (State or foreign country)
15. Birthplace.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Bessie Hargis**
(b) Address **5056 Enright Ave**
17. (a) **BURIAL** (b) Date thereof **NOV. 17-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **CONCORDIA CEM.**
18. (a) Signature of funeral director **L. MULLEN U.C.O.**
(b) Address **5165 DELMAR BL**
19. (a) **NOV 16 1942** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury **0**
23. Signature **J. F. Bredeck** (M. D. or other)
Address **500 S. Kingshighway** Date signed.....

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

MOTHER FATHER

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 Herbert James

Licensed Embalmer No. 3384

P. O. Address 7

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.