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 V. S. No. 2
 50M-542
 Rev. 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **328**
 Registrar's No. **244**

FILED JAN 19 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County **St. Louis, Missouri**
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Day**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **100 12 9 15**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL.")
 (d) Street No. **4645a Nebraska Ave.**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country **0**

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

4. Sex **Female**
 5. Color or race **White**
 6. (a) **Single**, widowed, married, divorced
 6. (b) Name of husband or wife **Thomas Harris**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **February 18, 1891**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 51 | 10 | 22 | _____ hr. _____ min. |

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

10. Usual occupation **At Home**

11. Industry or business _____
 12. Name **John Dwan**
 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
 14. Maiden name **Alice English**
 15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Mary Heusohn**
 (b) Address **4716 Michigan Ave.**

17. (a) **Burial** (b) Date thereof **Jan. 11/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Weick Bros. Und. Co.**
 (b) Address **2201 S. Grand Bl.**

19. (a) **JAN 10 1943** (b) **J. F. Broderick**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **9**, year **1943** hour **6:10** minute **A.** M.
 21. I hereby certify that I attended the deceased from **January 8**, 19 **43** to **January 9**, 19 **43**
 that I last saw her alive on **January 9**, 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic Heart Disease**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings:
 Of operations _____
 Of autopsy _____

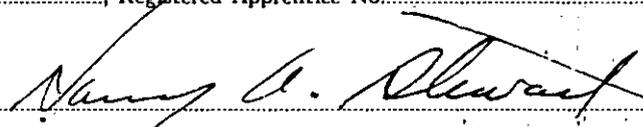
22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
 While at work _____ (e) Means of injury _____
 23. Signature **John R. Lewis** D. or other _____
 Address **1515 Lafayette Avenue** Date signed **12/9/43**

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..... 3722.....

P. O. Address..... 412 Duchouquette St.....

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.