

FILED MAR 2 1943 318

Registration District No. **1943 318** Primary Registration District No. **1003**

Registrar's No. **1703**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
530 N. Union /
(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)

3. (a) PRINT FULL NAME **Annie Harris**

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

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..... years

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

8. AGE: **abt 88** **88**
Years Months Days If less than one day
hr. min.

9. Birthplace **Morris Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business.....

MOTHER FATHER

12. Name **unknown**

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

14. Maiden name **unknown**

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

16. (a) Informant **Elle Harris**

(b) Address **530 N. Union Blvd.**

17. (a) **Burial** (b) Date thereof **2-21-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Herman Kindsch** White at work (Specify type of place)

(b) Address **5216 Delmar Blvd** (e) Means of injury

19. (a) **FEB 20 1943** **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

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. **530 N. Union Blvd.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **19**
year **1943** hour **4:30** minute..... M.

21. I hereby certify that I attended the deceased from **Nov. 15** to **Feb. 15** 19**43**
that I last saw **her** alive on **Feb. 15** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocardial infarction
Subacute pneumonia

Due to **Senility - Op & Sp**

Due to **Arteriosclerosis**

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

Major findings:
Of operations.....
Of autopsy.....

Duration **4 days**
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?

23. Signature **J. J. Bredek** (M. D. or other).....
Address **4502 Alton** Date signed **2/20/43**

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 Chas. W. Cooper
Licensed Embalmer No. 38301
P. O. Address 5-216 Delma

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.