. S. No. 2
M—9-4-41
5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8357

FILED MAR 25 1943

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No. 2393

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:
enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 009 12

(a) State Missouri (b) County
(c) City or town St. Louis 723
(If outside city or town limits, write "RURAL")
(d) Street No. 402 Victor St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country
No attending Physician

3. (a) PRINT FULL NAME SAMUEL M. HARKINS

3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marion
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. 9th 1881 (Month) (Day) (Year)

8. AGE: Years 62 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Compassville, Penna. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business City of St. Louis

MOTHER FATHER
12. Name John Harkins
13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Harkins
(b) Address 402 Victor St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.
19. (a) MAR 12 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1943 hour 4 minute 30 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 Hemo-Pericardium following Ruptured Heart — Duration
Due to Myocardial Infraction
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
(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 Alfred Perry (M.D. or other)
Address Deputy Coroner Date signed 3/12/43

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.