

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 9 1943  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3003

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: 2653 Pine St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 1721  
(If outside city or town limits, write "RURAL")

(d) Street No. 2653 Pine St  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Henry Thomas Harris

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1st  
year 1943 hour 4 minutes 30 PM.

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.

4. Sex male 5. Color or race Black

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. ant 1894  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
Chronic Extensive Nephritis

Due to.....

Due to.....

8. AGE: Years ant 49 Months Days If less than one day  
hr. min.

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

10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) 1721

Major findings:  
Of operations.....

Of autopsy.....

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

MOTHER FATHER

11. Industry or business.....

12. Name unknown

13. Birthplace unknown 9  
(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 James J. Harrison

(b) Address 1300 Clark

17. (a) Anatomical burial (b) Date thereof 3-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director H. Richter

(b) Address 3500 Pegasus

19. (a) MAR 30 1943 (b) J. F. Brobeck  
(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)

Means of injury.....

23. Signature W. H. Perry (M. D. or other)

Address Central Ave Date signed 3/23/43

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

#P

---

---

**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.**