6. No. 2
1—5-42
5-17-39
X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8365

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3006

1. PLACE OF DEATH:

(a) County

(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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos. 1 day (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1815 O'Fallon
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Walter Harris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 7, 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business

FATHER 12. Name Wash Harris

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

MOTHER 14. Maiden name Louise Brant

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

16. (a) Informant Shirley Mae Smith

(b) Address 2601 N. Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 3-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

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

(b) Address 3500 Cass St.

19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20, year 1943 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from November 19, 1942 to March 20, 1943 that I last saw him alive on March 20, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to Auricular Fibrillation

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work (e) Means of injury

23. Signature L. E. Smith (M. D. or other)

Address 600 Whittier Date signed 3/24/43

(Licensed Embalmer's Statement on Reverse Side)

3006

APR 9 1953

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.