

MAY 3 1943

Registration District No. _____

Primary Registration District No. **1003**

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:
1115a St. Louis Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Grover Guy Harris

3. (b) If veteran, name war _____ 3. (c) Social Security No. 335-10-4729

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ann Harris 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 17 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name William Harris

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

14. Maiden name Ann Hulse

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

16. (a) Informant Lester Baker

(b) Address 5220 Bulwer

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/23/43
(Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) APR 27 1943 (Date received local report) (b) J. F. Bredich (Registrar's signature)

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. 1115a St. Louis Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 15, 1943 to April 22, 1943
 that I last saw him alive on April 21, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis
Acute dilatation of the heart Duration 4 days

Due to Ch. Myocarditis ?

Due to Ser left for army 4 days ago ?

Other conditions Ch. Polyarthrititis ?

Major findings: Of operations None Of autopsy None
 PHYSICIAN [Signature]
 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) None
 (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 [Signature]

23. Signature Bernard H. Hoppe (M. D. or other) Address 2302 Selatory St. Date signed 4-23-43

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

6882

6882

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..... *J. Allen Davis Jr*
Licensed Embalmer No..... *4053*

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.