

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pine crest Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one yr.
(Specify whether years, months or days)

In this community 3 months to 16 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pine crest Home Manchester
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jennie Harder

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife J. Harder

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

7. Birth date of deceased June 8 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 _____

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business unknown

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mr George Staats

(b) Address 3227a Barrett st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director Sullivan Bro's

(b) Address 2849 N. Euclid ave

19. (a) APP 21 1043 (b) C. D. McCarver, Jr.
(This receipt local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 2 1943, to April 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage.

Due to _____

Due to _____

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 8/21/43

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 R. W. Jansen (M. D. or other) _____
Address Manchester Mo Date signed 4/19/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

MAY 27 1943

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 Albat Mayfield
Licensed Embalmer No. 3077
P. O. Address St. Louis Mo

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.