U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 16174

Registrar's No. 4523

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

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: Mo. Baptist Hospital
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: Clayton
(If outside city or town limits, write "RURAL")

(d) Street No.: 7716 Maryland Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Helen Harral

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Albert Harral

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

7. Birth date of deceased: Aug. (Month) 3 (Day) 1884 (Year)

8. AGE: Years 58 | Months 9 | Days 10 | If less than one day: hr. min.

9. Birthplace (City, town, or county): U.S.A. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Joseph W. Enos

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

14. Maiden name: Eva Cory

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

16. (a) Informant: Mrs Leone Rubsam

(b) Address: Witicha Falls Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Laural Hills Cem.

18. (a) Signature of funeral director: Drehmann-Harral

(b) Address: 1905 Union Blvd.

19. (a) MAY 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 13 year: 1943 hour: 6 minute: P. M.

21. I hereby certify that I attended the deceased from June 11-1942 May 13, 1943 to , 19 ; that I last saw her alive on May 13, 1943, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis

Due to: Bleeding oesophageal varicosities + gastric varicosities

Due to: Portal obstruction

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

Major findings: Of operations

Of autopsy: Same as above

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: Clarence G. Chum (M. D.)

Address: 1927 2 Mission Date signed: 5/17/43

(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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.