

X26390

FILED JUN 14 1943

Primary Registration District No. 1008

Registrar's No. 5268

1. PLACE OF DEATH:

(a) County ST LOUIS MO
 (b) City or town ST LOUIS MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1131 N 19th 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 0000
 (c) City or town ST LOUIS 12
 (If outside city or town limits, write "RURAL") 921
 (d) Street No. 1131 N 19th St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LILLIE HARRIS

3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F 5. Color or race Col
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife THOMAS OWENS 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Apr 10 1884
 (Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 23
 If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS MO
 (City, town, or county) (State or foreign country)

10. Usual occupation LAUNDRESS

MOTHER FATHER 11. Industry or business _____

12. Name ELBY HARRIS
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name ANNIE DENT
 15. Birthplace HELNA ARK
 (City, town, or county) (State or foreign country)

16. Informant Phylla Smith
 (b) Address 231 N 19th St.

17. (a) buried (b) Date thereof 6 8 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director W. J. Waller
 (b) Address 2707 Standard St

19. (a) JUN 2 (b) J. F. Presack
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20
 year 1943 hour 7 minute 30 P. M.
 21. I hereby certify that I attended the deceased from May 31-43
June 2-43
 19____ that I last saw her alive on June 2-43
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Pharyngitis
 Duration 6 mo

Due to _____
 Due to Pharyngitis
 Other conditions Pharyngitis
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy no

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Presack (M. D. or _____)
 Address 2330 Franklin Date signed 6/24/43

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

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

Amos A. Johnson

Licensed Embalmer No.

3522

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.