. S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19656

State File No.

D JUL 8 1943

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 5878

1. PLACE OF DEATH:

(a) County Mo

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

(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo 000 17 922

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

(d) Street No. 2700 - Randolph St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Florene Harris

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex F

5. Color or race C

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

6. (b) Name of husband or wife Cornelius Harris

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 2 (Month) - 3 (Day) - 1915 (Year)

8. AGE: Years 28 Months 4 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sterling Carman
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Mattie Ferrel
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Sterling Carman

(b) Address 2700 Randolph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Manuel Undr Co

(b) Address 4059 Finney Ave

19. (a) JUN 28 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day June
year 1943 hour 6 minute 45A M.

21. I hereby certify that I attended the deceased from 6/1, 1943 to 6/25, 1943
that I last saw her alive on 6/24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tularemia

Due to 26a

Due to

Other conditions Staphylococcus in
(Include pregnancy within 3 months of death)
Fetter of blood stream

Major findings:
Of operations

Of autopsy None

Duration 4 wks

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 D. E. Taylor (M. D. or other)

Address 3136 Chouteau Date signed 6/25/43

(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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2170

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.