

LEO AUG 8 1943 B 18
Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
4238 Lexington Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
in this community Birth years, months or days)

3. (a) PRINT FULL NAME Chris C. Harig
(b) If veteran, name war World (c) Social Security No. 702-12-6186

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Harig nee Suss 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased December 21, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 7 4 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business _____

MOTHER FATHER { 12. Name Charles H. Harig
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ineresa Pfau
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mabel Harig

(b) Address 4238 Lexington Ave

17. (a) Burial (b) Date thereof 7/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) Jul 2, 1943 (b) J. F. Bredbeck
(Date received local registrar) (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. 4238 Lexington Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th
year 1943 hour 1:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to July 15, 1943
that I last saw him alive on July 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 4 1/2 hrs
Due to 10 hypertension 3 yrs
Several Arteriosclerosis 3 yrs

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

Major findings: Of operations _____
Of autopsy _____
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 Arthur S. Snelson (M. D. or other) MD
Address 2202 University Date signed 7/26/43

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 *Herford G Burnley*
Licensed Embalmer No. *4202*
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.