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

State File No. 26052

FILED JUL 31 1943

Registration District No. 97

Primary Registration District No. 3063

Registrar's No. 1697

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 days (Specify whether years, months or days)

In this community two years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2157 Gale (If rural, give location)

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

If yes, name country ----------

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3. (a) PRINT FULL NAME Harper, Alden

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 Married

6. (b) Name of husband or wife Winnie Harper

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

7. Birth date of deceased 5-30-09 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
34	1	27	hr. min.

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

10. Usual occupation Steel Worker

11. Industry or business ----------

FATHER
12. Name John Harper
13. Birthplace Tumel Hill, Illnois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hattie Calveston
15. Birthplace Hutchinson, Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Winnie Harper

(b) Address 2157 Gale, Mapelwood

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL ARK.

18. (a) Signature of funeral director Jay B Smith

(b) Address 7456 Manchester Ave.

19. (a) JUL 26 1943 (Date received by local registrar) (b) C. G. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1943 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from 6-17-43, 19..., to 7-23-43, 19...; that I last saw him alive on 7-23-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Emphysema	3 months
Due to: Subdiaphragmatic Abscess	3 months
Due to:	
Other conditions: Ascites - Cardiac (Include pregnancy within 3 months of death)	3 wks.

Decompensation

Major findings: Of operations: 129

Of autopsy: emphysema, flabby heart - ascites subphrenic abscess - adhesions of lungs

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 John Mederumes (M. D. or other) MD

Address 601 South Brentwood Date signed 7-24-43

(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.....

Licensed Embalmer No.....

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.