

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26053/

State File No. _____

Registrar's No. 1640

FILED JUL 24 1943
Registration District No. 4-140

Primary Registration District No. 3063

1. PLACE OF DEATH

(a) County Mois

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

(c) Name of hospital or institution:
7561 Byron Pl.
(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 _____

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

(d) Street No. 7561 Byron Place
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred U. Harris

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ellen D. Harris

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 10 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation retired

11. Industry or business Mound City Engraving Co

MOTHER FATHER { 12. Name Elisha Harris

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

14. Maiden name Carrie E. Woodward

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

16. (a) Informant Overton F. Harris

(b) Address 7561 Byron Pl.

17. (a) Burial (b) Date thereof July-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director A. How to U. Co

(b) Address 2707 N. Grand Blvd

19. (a) JUL 19 1943 (b) C. D. Mc Laren
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1943 hour 5 minute 20 p. M.

21. I hereby certify that I attended the deceased from 4-3 1941 to 7-16 1941
that I last saw him alive on 7-15-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Progressive Bulbar Palsy

Due to _____

Due to 821

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration 2-20

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)

(c) Means of injury _____

23. Signature Geo. A. Millies (M. D. or other) _____

Address 2739 N. Grand Date signed 7-17-43

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

326
K32873

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

Paul F. Proccenberg

Licensed Embalmer No. *3671*

P. O. Address *2707 W. Grand*

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.