

No. 2
-2-43
5-17-39
I X3567

ED. OCT. 13 1943 318

Primary Registration District No. 1003

Registrar's No. 8677

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 6
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5632 Wabada Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Henry Harbert

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Harbert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 14, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	10	14	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business City Fireman

MOTHER FATHER

12. Name William Harbert

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

14. Maiden name Annette Call

15. Birthplace Putnam County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.L. Tobinson

(b) Address 6316 Juniata St.

17. (a) Burial (b) Date thereof Oct. 1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) OCT 1 1943 (b) J. F. Bruck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 28,
year 1943 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from September 20, 1943 to September 28, 1943 that I last saw him alive on September 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to _____

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

Major findings:
Of operations _____
Of autopsy Refused

Duration
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 William D. Dault (M.D. or other)
Address 1515 Lafayette Avenue, Date signed 9/28/43

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.....

Wm. H. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.