

S. No. 2
M-2-43
5-17-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29994

State File No. _____
Registrar's No. **8451**

FILED OCT 2 - 1943 318
Registration District No. _____

Primary Registration District No. **1003**

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

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:
3219 RUTGER ST. 1
(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 **000**
(c) City or town **ST. LOUIS** **17**
(If outside city or town limits, write "RURAL") **918**
(d) Street No. **3219 RUTGER ST.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARY HARRIS**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**
6. (b) Name of husband or wife **DAVID M. HARRIS** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JAN. 25 1873**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **HERMAN MO. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

11. Industry or business _____

12. Name **STEIGER**

13. Birthplace **GERMANY 4**
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace **GERMANY 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lawrence L. Harris**

(b) Address **3219 Rutger St.**

17. (a) **BURIAL** (b) Date thereof **Sept 25-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OLD. S.S. P. & P. CEM.**

18. (a) Signature of funeral director **E. J. Schmur**
(b) Address **3125 Lafayette Av.**

19. (a) **SEP 21 1943** (b) **J. F. Brebeck**
(Date received at registrar's office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **23**
year **1943** hour **4:55** minute **00 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Apoplexy
8:30

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

Major findings: Of operations _____

Of autopsy _____

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 **3**

23. Signature **James J. Pafumina** (M.D. or other) **1200 E. Park** Date signed **9/24/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Joe B. Vollmer

Licensed Embalmer No. *4014*

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.