

FILED JAN 12 1944
318
Primary Registration District No. _____

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:
3736a Louisiana Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 32 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3407 Dunnica Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Margaret R. Harre
3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-01-5408

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl H. Harre 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased September 22, 1911
(Month) (Day) (Year)

8. AGE: Years 32 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Dress Manufacturers

MOTHER FATHER
12. Name Adolph G. Boerner
13. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Marie Vaeth
15. Birthplace Evansville, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. G. Boerner
(b) Address 3407 Dunnica

17. (a) Burial (b) Date thereof Dec. 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis

19. (a) DEC 28 1943 (b) J. F. Medoch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1943 hour 6 minute 45 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 Myocardial Infarction
ruptured spleen Duration 2 1/2

Due to _____

Due to _____

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)
(Specify type of place) (Means of injury)

23. Signature Alfred Perry (M. D. or other)
Address Report Perry Date signed 12/27/43

Coroner

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..... *[Signature]*

Licensed Embalmer No. *3737*

P. O. Address..... *1936 St. Louis*

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: