

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39925
Registrar's No. 10953

Registration District No. 318

Primary Registration District No. 1003

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:
Homer J. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 28 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Harris

3. (b) If veteran, name war no 3. (c) Social Security No. 492-05-4673

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Simmer Harris 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 8 15 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town or county) (State or foreign country)

16. (a) Informant Walter E. Harris

(b) Address 2714 Lucas Ave

17. (a) Buried (b) Date thereof 12-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forther Dickson Cemetery

18. (a) Signature of funeral director Bill Lowe

(b) Address 2930 Dickson St.

19. (a) DEC 11 1943 (b) J. A. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")
(d) Street No. 3417 Delmar
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6
year 1943 hour 6 minute 30 AM.

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
Due to gain
Due to 02

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) (e) Means of Injury.....
23. Signature Thomas F. Bellard
Address Deputy Coroner Date signed 12-9-43

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, me
....., Registered, Apprentice No.
working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No.

3371

P. O. Address

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.