

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 11 1944**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 573

1. PLACE OF DEATH:  
(a) County St. Louis, Richmond Heights  
(b) City or town St. Louis, Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9  
(d) Street No. 914 Marion St. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country /

3. (a) PRINT FULL NAME TAMARA LOUISE HARRISON

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month March day 4.  
year 1944 hour 8 minute 47 P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced INFANT

21. I hereby certify that I attended the deceased from 2/8 1944 to 3/4 1944  
that I last saw h. ex alive on 3/4 1944  
and that death occurred on the date and hour stated above.

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

Immediate cause of death: Congestive Heart Failure Duration 1 day

7. Birth date of deceased: Jan. 31, 1944  
(Month) (Day) (Year)

Due to Severe Anemia

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>1</u>	<u>3</u>	<u>hr. min.</u>

Due to Anemia type unknown & Jaundice 1 mo.

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

Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: Infant

PHYSICIAN

11. Industry or business: None

12. Name: Jewell Harrison

13. Birthplace: White Co. Ills. (City, town, or county) (State or foreign country)

14. Maiden name: Edith Scherer

15. Birthplace: Ste. Genevieve, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Jewell Harrison

(b) Address: 914 Marion St.

17. (a) Burial (b) Date thereof: 3/6/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Matthews Cem.

18. (a) Signature of funeral director: A. N. McLaughlin

(b) Address: 2301 Lafayette Ave.

19. (a) MAR 7 - 1944 (b) E. G. McHarran, MD  
(Date received local registrar) (Registrar's signature)

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 means of injury) 0

23. Signature: Jackson (M. D. or other) MD

Address: 6400 Clayton Road Date signed: 3-5-44

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

96  
8  
3

MOTHER FATHER

**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

*L. B. Cooper*

Licensed Embalmer No.

*3633*

P. O. Address

*2917 Lafayette*

**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.**