

FILED MAR 27 1944 818

Registration District No. Primary Registration District No. 1003 Registrar's No. 2462

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Bonnie Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4003 Finney
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Jim Harris

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

4. Sex male 5. Color or race 2 negro 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Nov. 3, 1942 1941
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th, year 1944 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from October second, 1943, to March - 11, 1944;
that I last saw him alive on March - 11, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

2 2 5 8 hr. min.

Immediate cause of death Hydrocephalus, Congenital

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 157

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

10. Usual occupation _____

11. Industry or business _____

12. Name Paul Harris

13. Birthplace Philadelphia Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name Sophy Suster

15. Birthplace Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Harris

(b) Address 4003 Finney Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director English Undert. Co.

(b) Address 2931 Lucas Ave

19. (a) MAR 14 1944 (Date received local registrar) J. D. Bredesh (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 0 (Specify type of place) _____
(a) Means of injury

23. Signature Dr. Ernest Jackson M.D. or other _____
Address Bonnie Phillips Hospital Date signed 3/12/44

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 Burleson English

Licensed Embalmer No. 4208

P.O. Address 2931 Lucas Ave

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.