

MAR 27 1944 **318**
Registration District No. _____

Primary Registration District No. **1003**

FILED

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

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: **De Paul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Days**
In this community **48 years** (Specify whether 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") **926**
(d) Street No. **1416 Wright St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Theodore Harris**

3. (b) If veteran, name war **none** 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Cora Harris** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **April 19 1895**
(Month) (Day) (Year)

8. AGE: Years **48** Months **10** Days **26** If less than one day hr. _____ min. _____

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

10. Usual occupation **Truck Driver**
11. Industry or business **Barry-Wehmiller**

MOTHER FATHER {
12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Mrs. Cora Harris**
(b) Address **1416 Wright St.**

17. (a) **Burial** (b) Date thereof **3-18-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **MAR 17 1944** (Date received by registrar) **J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15th.**
year **1944** hour **2:30 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **3-8-44**
_____ 19____, to **3-15-44** _____ 19____
that I last saw him alive on **3-15-44** _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** don't know

Due to **Coronary Thrombosis** 10 da.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9/3**
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 _____
Walter H. Spoeneman (M. D. or other) _____
Address **506 1/2 St. Louis** Date signed **3-16-44**

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 John P. Brubaker
Licensed Embalmer No. 1674
P. O. Address 3325 S. Lane 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.