

FILED JUN 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16403

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4896

1. PLACE OF DEATH:

(a) County.....
 (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 G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 (Specify whether
 In this community 30 years
 years, months or days)

3. (a) PRINT FULL NAME Josephine Harris3. (b) If veteran,
name war ✓3. (c) Social Security
No. ✓

4. Sex Female 5. Color or race 3 col. 6. (a) Single, widowed, married,
 divorced married
 6. (b) Name of husband or wife Lester Harris 6. (c) Age of husband or wife if
 alive 45 years
 7. Birth date of deceased: Jan. 24 1898
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 4 1 hr. min.

9. Birthplace Meyersville, Miss
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Mathison13. Birthplace Greenville, Miss
(City, town, or county) (State or foreign country)14. Maiden name Pearl King15. Birthplace Unknown, Miss
(City, town, or county) (State or foreign country)16. (a) Informant Lester Harris(b) Address 2338a O'Fallon17. (a) Burial (b) Date thereof May 29-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood(a) Signature of funeral director A. F. Walton(b) Address 2707 Stoddard St.19. (a) MAY 28 1944 (b) J. F. Bedeck
(Filed according to local law) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 17
 (d) Street No. 2338a O'Fallon (If rural, give location) 91
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25,
 year 1944 hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from May
17, 1944 to May 25, 1944
 that I last saw her alive on May 25, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Glioma
No malignance

Due to 56

Other conditions
 (Include pregnancy within 3 months of death)

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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury 0

23. Signature H. H. Brewer (M. D. or other) 0
 Address 2601 Whittier Date signed 5/26/44

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.....

W. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address. *4575 Aldine*

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.