

FILED MAY 25 1944

Registration District No.

Primary Registration District No.

Registrar's No.

4514

1. PLACE OF DEATH:

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

3. (a) PRINT
FULL NAMEJulia Ella Harris3. (b) If veteran,
name warNone3. (c) Social Security
No.None

4. Sex Female 5. Color or
race Colored 6. (a) Single, widowed, married,
divorced Widow
 6. (b) Name of husband or wife... Frank Harris 6. (c) Age of husband or wife if
alive..... years
 7. Birth date of deceased... February 9 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name... Shepard Henderson
 13. Birthplace... Unknown Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name... Maggie Overton
 15. Birthplace... Calloway County Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant... Clayton W. Thomas
 (b) Address... 221 Gever Rd., Kirkwood, Mo.
 17. (a) Burial (b) Date thereof... 5-16-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation... Jefferson City, Mo.

18. (a) Signature of funeral director... Albert H. Hoppe
 (b) Address... 4700 Washington Blvd.

19. (a) MAY 16 1944 J. F. Brueck
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cole
 (c) City or town... Jefferson City
 (If outside city or town limits, write "RURAL") N.R.
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
 year 1944 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from May 7
 1944 to May 13 1944
 that I last saw her alive on May 13
 and that death occurred on the date and hour stated above.

Immediate cause of death... Diabetes Mellitus

Due to.....

Due to.....

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 sta-
 tistically.

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... W. J. Brueck (M. D. or other)
 Address... 2316 Market Date signed 5/16/44

4511

JUN 20 1946

JUN 2 1946

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Albert G. Koffe

Licensed Embalmer No. 2971

P. O. Address.....

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.