

FILED JUN 19 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5152

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 mos. 3 days  
(Specify whether  
In this community 18 months 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2349 Cole  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Isiah Harris

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

4. Sex MALE 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive UNKNO years WN 1882

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 6 2 hr. min.

9. Birthplace: (City, town, or county) (State or foreign country)  
MISS

10. Usual occupation LABORER

11. Industry or business

12. Name UNKNOWN.  
13. Birthplace " " 9 (State or foreign country)  
14. Maiden name " " 9  
15. Birthplace " " 9 (State or foreign country)

16. (a) Informant Mrs Parker

(b) Address 1411 Carver St

17. (a) Burial (b) Date thereof 6-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Blumington

(b) Address 3103 Washington

19. (a) JUN 5 1944 (b) J. F. Bredek  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30,  
year 1944 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from December 27, 19 43 to May 30, 19 44  
that I last saw him in alive on May 30, 19 44; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Nephritis with Uremia Duration Unk.

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 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) (c) Means of injury.....

23. Signature H. J. Green (M. D. or other)

Address 2601 Whittier Date signed 6/31/44

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..... *W. Claude Gordon*  
Licensed Embalmer No..... *3489*  
P. O. Address..... *4675 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.**