V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32364

Registrar's No. 9470

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4564 a McMillan Avenue
(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)
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4564 a McMillan Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME JUANITA HARRIS

3. (b) If veteran, name war ---

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife L. C. Harris

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased July 28, 1925 (Month) (Day) (Year)

8. AGE: Years 19 | Months 3 | Days 4 | If less than one day -- hr. -- min.

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

10. Usual occupation Waitress

11. Industry or business Missouri Baptist Hospital

FATHER
12. Name Ernest Zeno
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Almeda Kemp
15. Birthplace Frederickstown, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Aline Davis
(b) Address 1306 North Whittier Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) NOV 8 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd year 1944 hour 7:45 minute 00 P. M.

21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death External hemorrhage from laceration of left femoral artery and vein (Accidental) — Duration

Due to Stabbing wounds inflicted by husband of one L. C. Harris, Col. in the home 4564 a McMillan Ave. about 7:40 P.M. Nov. 2 1944

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/0

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) Homicide
(b) Date of occurrence Nov 2 1944
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? No (Specify type of place) (e) Means of injury Knife

23. Signature Alfred Weiss (M. D. or other)
Address 8300 Clark Avenue Date signed 11/6/44

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.