

FILED OCT 30 1944

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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:
1403 no. 11th St.
(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 50 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Timothy Harris

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Mar 16 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Jukegeel Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Belover

11. Industry or business Commission Houses

MOTHER FATHER

12. Name John Harris

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Harris

15. Birthplace Atlanta Ga.
(City, town, or county) (State or foreign country)

16. (a) Informant William B. Rankins

(b) Address 2629 Samble St.

17. (a) Burial (b) Date thereof 10-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk

18. (a) Signature of funeral director D. W. Johnson

(b) Address 2429 Washington Ave

19. (a) OCT 11 1944 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 25

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

(d) Street No. 1403 no. 11th St. - 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1944 hour 6 minute 30 P.

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

Immediate cause of death Chronic hyperthyroidism Myocarditis
straight fatal

Due to _____

Due to _____

Other conditions 1/22
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

(2) Means of injury _____

23. Signature W. B. Rankins (M. D. or other) _____

Address _____ Date signed 10/14/44

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 Oliver St. Johnson

Licensed Embalmer No. 4190

P. O. Address 2829 Washington

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, above space should be left blank.