

FILED DEC 5 1944 318

1003

State File No. ....

Registrar's No. 10061

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (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 9 days  
 (Specify whether U)  
 In this community Indef.  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
 (c) City or town So. Kinloch (If outside city or town limits, write "RURAL")  
 (d) Street No. Hugo Lakes, (If rural, give location) NR  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Harris

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

4. Sex MALE 5. Color or race Colored 6. (a) Single, widowed, married, divorced WIDOW  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: 1 14 1863  
 (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ARK. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation PARCEL

11. Industry or business NONE

MOTHER FATHER { 12. Name CHARLEY HARRIS  
 13. Birthplace ARK. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
 14. Maiden name Y. AIA STEWARD  
 15. Birthplace N. CAROLINA (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant MARY LEWIS ss.

(b) Address CARSON & LURCH

17. (a) BURIAL (b) Date thereof 11 25-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Boya Bros. FUNERAL HOME

(b) Address 414 1 STANZA SO. KINLOCH

19. (a) NOV 27 1944 J. F. Bredich  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24,  
 year 1944 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from November 15,  
1944 to November 24, 1944;  
 that I last saw him alive on November 24, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Gangrene of right foot Duration 1 mo.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Brewer (M. D. or other) \_\_\_\_\_  
 Address 20017 N. Phyllis Date signed 11/27/44

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

17 9

**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..... *Rovis J. Atkins* .....

Licensed Embalmer No. *2842* .....

P. O. Address. *3644 Finney Dr* .....

**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.**