. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38779

State File No. 1

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2332

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellstom
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6400 Plymouth Ave.,
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3700A Salena Ave., 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harold Harrison.
3. (b) If veteran, name war Warlds War #1.
3. (c) Social Security No. 497-09-9323
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine Harrison
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Sept. 11, 1893. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	2	4	hr. min.

9. Birthplace Petoskey, Michigan (City, town, or county) (State or foreign country)
10. Usual occupation Machimist
11. Industry or business Wagnor Electric Co.
FATHER
12. Name Fred Harrison
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nellie Bradshaw
15. Birthplace New York (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Catherine Harrison
(b) Address 3700A Salena Ave.,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 16/44. (Month) (Day) (Year)
(c) Place: burial or cremation Harbor Springs, Mich.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) NOV 16 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1944 hour 3.35 minute A.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.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arteriosclerosis	
Due to 94	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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)
While at work? (e) Means of injury
23. Signature [signature] M.D. (M. D. or other)
Address 601 Brentwood Blvd. Date signed 11/15/44

(Licensed Embalmer's Statement on Reverse Side)

Co. Coroner

DEC 8 1944

DEC 7 1944

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 Alan J. Neely

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

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.