

FILED DEC 18 1944

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 12-6-44
(Specify whether
In this community Not known
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Granite City 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1913 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? not known (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME HARPELL, Lawrence V.

3. (b) If veteran, name war WW-I 3. (c) Social Security No. Not known

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mattie Harrell 6. (c) Age of husband or wife if alive Not kn. years

7. Birth date of deceased Jan. 11, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 10 25
hr. min.

9. Birthplace Calhoun County, Ills. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Not known

11. Industry or business -

12. Name Not known

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Vet. Adm. Records 1

(b) Address Jefferson Barracks, Mo.
Burial

17. (a) (b) Date thereof Dec. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) DEC 11 1944 (b) E. J. Malvern
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 6 day
year 1944 hour 11:05 minute P.M.

21. I hereby certify that I attended the deceased from
December 6, 1944 to December 6, 1944;
that I last saw him alive on December 6, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY ARTERIO-
SCLEROTIC HEART DISEASE WITH CARDIAC
HYPERTROPHY, MYOCARDIAL DAMAGE AND
DUE TO INSUFFICIENCY

Duration
Unk

Due to 93k
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
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 work and means of injury)
Signature H. G. GERMAN, M.D. (M. D. or other)
Chief Med. Officer
Address VA F - Jeff. Brks., Mo. Date signed 12-7-44

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

MAY 29 1946

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 *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *732 Pennsylvania St.*.....

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.