

FILED JAN 20 1945  
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1. PLACE OF DEATH:

(a) County St. Louis  
(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:  
1119 N 18th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 Yr.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1119 N 18th, St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Willie Bell Harris

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Leon Harris 6. (c) Age of husband or wife if alive 24 years  
7. Birth date of deceased Nov, 2nd, 1922  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 2 1 hr. min.

9. Birthplace Earl Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Willie Cade  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillie Shaggs  
15. Birthplace Sledgo Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Strode  
(b) Address 1119 N 18th, St

17. (a) Burial (b) Date thereof 1-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a); Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St

19. (a) JAN 7 1945 (b) J. F. Medrick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3  
year 1945 hour 6 minute 30 P.M.

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 Pulmonary Tuberculosis  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature W. H. Perry (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 1/10/45

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

**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

*L. Boykin*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*L. Boykin*

Licensed Embalmer No. ....

*2946*

P. O. Address: .....

*St. Louis 970*

**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.**