

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3828 Cook Ave. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Essie Harris
 (b) If veteran, name war No
 (c) Social Security No. No

4. Sex Female (5) Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Fred
 (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased: 2 22 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 27
If less than one day hr. min.

9. Birthplace Rolla Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

MOTHER FATHER
 11. Industry or business
 12. Name John Marr
 13. Birthplace Rolla Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Harris
 (b) Address 3828 Cook Ave
Burial
 17. (a) Burial (b) Date thereof 2-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rolla Mo.

18. (a) Signature of funeral director Bennie Love
 (b) Address 2103 Washington Ave
FEB 21 1945 (c) J. H. Hildebrand
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County ST. LOUIS
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 3828 Cook Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2 day 19
 year 45 hour 7 minute A M.
 21. I hereby certify that I attended the deceased from March 15 1944 to 2/19 1945
 that I last saw her alive on 2/19 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 10 days

Due to Chronic myocarditis 1 yr. + Hypertension
 Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations None
 Of autopsy None
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? No (Specify type of place) (e) Means of injury _____
 23. Signature Charles E. Day (M. D. number) _____
 Address 3146 Locust Date signed 2/21/45

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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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address City

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.