. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11300

Registration District No. 818 Primary Registration District No. 1002 Registrar's No. 3689

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(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) 2500 Mins.
(d) Length of stay: In hospital or institution 8 Days 10 Hrs.
(Specify whether years, months or days)
In this community

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. 4224 W. Ashland
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Janett Harper
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 22 (Day) 45 (Year)

8. AGE: Years | Months | Days 8 | If less than one day 11 hr. 35 min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name Joseph L. Harper
13. FATHER Birthplace Meridian (City, town, or county) Mississippi (State or foreign country)
14. MOTHER Maiden name Leanna Donaldson
15. MOTHER Birthplace Shaw Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Mary T. Duvall
(b) Address 2601 N. Whittier Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof APR 26 1945 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director V. B. Hudson
(b) Address City Health Dept
19. (a) APR 25 1945 (Date received local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30 year 1945 hour 8 minute 35 A.M.
21. I hereby certify that I attended the deceased from 10:10P.M. 3 - 22 1945, to 8:35A.M. 3-30 1945; that I last saw her alive on 3 - 30 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Due to Unknown	
Due to Unknown	
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)
While at work? (e) Means of injury

23. Signature W. H. Finkler (M. D. or other)
Address 2601 N. Whittier Date signed 4-24-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.