

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18105

State File No. 2

Registrar's No. 1243

FILED JUN 11 1945  
Registration District No. 379

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County ST. Louis.

(b) City or town Richmond Heights.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")

(d) Street No. 3846 Melba Place.  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Andrew B. Harles.

3. (b) If veteran, name war None

3. (c) Social Security No. 498-07-6769

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1945 hour 3. minute 15 a. M.

21. I hereby certify that I attended the deceased from May 1  
1944, to May 21 1945  
that I last saw him alive on May 20 1945  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Cecelia.

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. 6. 1868  
(Month) (Day) (Year)

Immediate cause of death Cardio Vascular Disease with Hypertension  
93d

Due to Tumor left side of jaw mixed type origin Parotid Gland.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

76 7 15 hr. min.

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations No

Of autopsy No

Underline the cause to which death should be charged statistically.

9. Birthplace Washington, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker.

11. Industry or business International Shoe Co.

MOTHER FATHER

12. Name Peter Harles.

13. Birthplace Luxembourg.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gruenewald.

15. Birthplace Frankfort, Germany.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? \_\_\_\_\_

16. (a) Informant Cecelia Harles

(b) Address 3846 Melba Place.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director James J. Wade

(b) Address 1431 Union Blvd.

19. (a) JUN 1 1945 (Date received local registrar)

(b) E. G. H. Lawrence (Registrar's signature)

23. Signature James J. Wade (M. D. or other) M. D.

Address 631 N. Grand Date signed 5-22-45

Dr. J. P. Wade  
Mr. Thomas Abel  
1230 p.m.

JUN 12 1945

**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

working under my personal supervision.

Registered Apprentice No.

Signed *[Signature]*

Licensed Embalmer No. *2915*

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, fact should be so stated above.