

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5584**

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: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Days 45 Min.**
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2836 Madison**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ernest Harris Jr.**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **10**
year **1945** hour **40** minute **A. M.**

21. I hereby certify that I attended the deceased from **9:55 A. M.**
6 - 7 **1945** **6:40 A.M.** **6-10, 1945**

that I last saw him alive on **6 - 10** **1945**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: **6** **7** **45**
(Month) (Day) (Year)

Immediate cause of death **Asphyxia**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

8. AGE: Years _____ Months _____ Days **3** If less than one day hr. **45** min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name **Ernest Harris Sr.**

13. Birthplace **Cairo Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ellen Vinson**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary T. Duwall**

(b) Address **2601 N. Whittier Street**

17. (a) **Burial** (b) Date thereof **6-28-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **J. F. Bredenk**

(b) Address **City Health Dept.**

19. (a) **6-27-45** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

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 **0**

23. Signature **J. F. Bredenk** (M. D. or other) _____

Address **2601 N. Whittier** Date signed **6-28-45**

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

20
7
9

MOTHER FATHER

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, fact should be so stated above.