

FILED AUG 3 1945

Registration District No.

Primary Registration District No.

Registrar's No.

66-1

1. PLACE OF DEATH:

318

(a) County.....
(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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

1003

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4452 Manchester
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME George N. Harness

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Julia Harness 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 16, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 8 hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER {
12. Name James Harness
13. Birthplace Pa
(City, town, or county) (State or foreign country)
14. Maiden name Anice King
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Effie Hebebrand

(b) Address 4452 Manchester

17. (a) Burial (b) Date thereof 7/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUL 27 1945 J. J. Bruleck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
1945 year. 8.45 P.M. hour. minute. M.

21. I hereby certify that I attended the deceased from May 20, 1945 to 7-24, 1945
that I last saw him alive on 7-24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOPEARITIS
CHRONIC NEPHRITIS

Duration
2 mo

Due to.....
Due to.....

Other conditions Senility
(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)
(c). Means of injury.....

23. Signature J. J. Bruleck (M; D. or other) M.D.
Address 4501 Manchester Date signed 7-26-45

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.....

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

working under my personal supervision.

Signed.....

Flora Eynck

Licensed Embalmer No..... *1284*

P. O. Address..... *St. Louis, Mo.*

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.