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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1945

State File No. 29078

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8056

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: Enroute to H.G. Phillips Hospital
(If not in hospital or institution, write street number or location)

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

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. 2725 Lawton Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Harris

3. (b) If veteran, name war

3. (c) Social Security No. 498-16-2476

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 21 (Day) 1915 (Year)

8. AGE: Years 30 Months - Days 17 If less than one day hr. min.

9. Birthplace Jamaica (City, town, or county) West Indies (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Parking Lot

FATHER
12. Name Lewis Harris
13. Birthplace Unk. (City, town, or county) S. America (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)

16. (a) Informant Ellis Sylvester Haynes
(b) Address 3002a. Pine St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Fun. Home
(b) Address 2820 Stoddard St.

19. (a) SEP 15 1945 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1945 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from stomach of left lung inflicted with knife in the hands of one Anthony [illegible] Alias Perry Lewis (Col) in front of 2632 Pine Street Ground 10:30 A.M. Sept 8 1945

Due to

Due to

Duration

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) Homicide
(b) Date of occurrence Sept 8, 1945
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)
While at work? (e) Means of injury Cutting

23. Signature E [illegible] (M.D.)
Address City Date signed 9/17/45

(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 L Boylan

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Lonnie Boylan

Licensed Embalmer No. 2946

P. O. Address St Loeries M

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.