

No. 2
DOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. GOVERNMENT PRINTING OFFICE: 1945
STANDARD CERTIFICATE OF DEATH

34614

State File No. 7

Registration District No. 317

Primary Registration District No. 6096

Registrar's No. 2387

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
9839 Berwick
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Agnes Harff

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Louis Harff 6. (c) Age of husband or wife if alive 1875

7. Birth date of deceased Nov 16 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 24 If less than one day _____
hr. min.

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

10. Usual occupation House work

11. Industry or business At Home

12. Name ? Peart

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

14. Maiden name Unknown

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

16. (a) Informant Arthur Pletcher (State or foreign country)

(b) Address 9859 Berwick

17. (a) (Burial, cremation, or removal) St Trinity (b) Date thereof 10/13/45
(Month) (Day) (Year)

(c) Place: burial or cremation Fendler Und Co,

18. (a) Signature of funeral director 7420 Michigan Ave

(b) Address 7420 Michigan Ave

19. (a) 10-12-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town St Louis Co Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9859 Berwick 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1945 hour _____ minute 5 P. M.

21. I hereby certify that I attended the deceased from 1/20 to Oct 10 1945 and that death occurred on the date and hour stated above

Immediate cause of death Cancer of Liver

Due to 464

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

Major findings: C.A.

Of operations _____

Of autopsy _____

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 10/12/45
Signature Chas. Hensel MD (M. D. or other) Date signed 10/12/45

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

76
6
0

Otto HANSER

3157 aPark

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.....

Albert R. Thompson Jr

Licensed Embalmer No.....

4237

P. O. Address.....

St. Louis

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.