

FILED FEB 13 1946

Primary Registration District No.

1003

Registrar's No. 11646

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:
4534 Evans Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 yrs
years, months or days

3. (a) PRINT FULL NAME Lula Harris

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

4. Sex Female 5. Color or race negro 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: unknown
(Month) (Day) (Year)

8. AGE: Years 49 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Domestic

11. Industry or business _____

12. Name Pink Harris

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

14. Maiden name Sarah Townsend

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

16. (a) Informant Pink Harris

(b) Address 1534 North Taylor Ave

17. (a) Burial (b) Date thereof 1-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Center

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) JAN 2 1946 (b) J. F. Brooks
(Date received local registrar) (Registrar's signature)

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. 4534 Evans Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th
year 1945 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 24, 1945 to Dec 28, 1945 that I last saw him alive on Dec 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Influenza Cold

Other conditions (include pregnancy within 3 months of death) 2 2/2 W

Major findings: Of operations 2 2/2

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) (e) Means of injury _____

23. Signature J. E. Moore (M. D. or other)

Address 809 N. Jefferson Date signed 1/3/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

100854

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

Louis V. Perkins

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney Ave*

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.