

FILED FEB. 1 1946

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **743**

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:
St. Louis Children's Hospt.
(If not in hospital or institution, write street number or location)

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

In this community _____ 15 Days _____
years, months or days

3. (a) PRINT FULL NAME William Leo Harrison

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

3. (c) Social Security No. _____ None

4. Sex Male 5. Color or race White 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: July 10-1945
(Month) (Day) (Year)

8. AGE: Years Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Earl Harrison

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

14. Maiden name Clara Wolz

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

16. (a) Informant Earl Harrison

(b) Address 2136 Bryan Ave Granite City Ill.

17. (a) Removal (b) Date thereof 1-23-46
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem

18. (a) Signature of funeral director Frank Mercer

(b) Address Granite City Illinois

19. (a) JAN 23 1946 (b) J. P. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town Granite City Illinois
(If outside city or town limits, write "RURAL")

(d) Street No. 2136 Bryan Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1946 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from 1-7, 1946, to 1-22, 1946.

that I last saw him alive on 1-22, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess - cause Known influenza bacillus Duration

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

(d) Date of occurrence _____

(e) Where did injury occur? _____ (City or town) (County) (State)

(f) 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 _____

23. Signature J. P. Blatter (M. D. or other) 0

Address St. Louis Date signed _____

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

2574

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.....

Charles E. Mercer

Licensed Embalmer No.....

2988

P. O. Address.....

Grant City

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.