

1-5-43
5-17-39
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FILED 31821 1946
Registration District No. **31821**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME LOUIS HARTER

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife BETTY HARTER

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased DEC 12 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>0</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation RET. MAIL CARRIER

MOTHER FATHER

11. Industry or business _____

12. Name UNK HARTER

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

14. Maiden name "
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Betty Harter

(b) Address 3426 S Jefferson

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-5-46
(Month) (Day) (Year)

(c) Place: burial or cremation N.S.S. Peter & Paul

18. (a) Signature of funeral director J. F. Bredeen

(b) Address 3125 Lafayette Ave

19. (a) _____ (b) J. F. Bredeen
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3426 S JEFFERSON
Memorial (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd
year 1946 hour 2:45 minute A M.

21. I hereby certify that I attended the deceased from 12/9/45
to 1/3/46, 19____, to 1/3/46, 19____;
that I last saw him in alive on 1/3/46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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) (a) Means of injury _____

23. Signature James J. Hunt (M. D. or other) _____
Address 1515 Lafayette Date signed 1/3/46

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.....

Joe B. Volkmur

Licensed Embalmer No. *4014*

P. O. Address *Shelby, 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.

Registration No. 348

Primary Registration District No. 1003

1. **IDENTIFICATION:**
(a) **City or town** St Louis
(c) **Name of hospital or institution:**
(d) **Length of stay:** In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) **PRINT FULL NAME** Louis Harkin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, (widowed, married, divorced) (Married)
6. (b) Name of husband or wife Betty 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Dec 12 (Month) (Day) (Year)

8. **AGE:** Years 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J. F. Bredek (Date received local registrar) (Registrar's signature)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month _____ Day _____ Year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 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 _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

2576

JAN 31 1946

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