

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 479249

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/5/46
In this community 49 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2835 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRIS, Eugene

(b) If veteran, name war World I (c) Social Security No. Unknown

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Onida Harris 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased August 28 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Tavern Manager

11. Industry or business _____

MOTHER FATHER
12. Name Taylor Harris
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Katie Edwards
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk Vet. Adm. Hospital
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 4/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cemetery

18. (a) Signature of funeral director C.W. Roberts
(b) Address 1416 Taylor Ave.

19. (a) 4-1-46 (b) E. H. Tuman, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1946 hour 2:25 minute A. M.

21. I hereby certify that I attended the deceased from 3/5/46 19. to 3/29/46 19. and that death occurred on the date and hour stated above.

Immediate cause of death CEREBROVASCULAR THROMBOSIS DUE TO ARTERIOSCLEROSIS

Due to _____
Due to _____

Other conditions HYPERTENSIVE-CARDIOVASCULAR DISEASE
(within 3 months of death)

Major findings: No Operation
Of operations _____
Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 at home (Specify type of place)
23. Signature L. E. Stilwell, M.D. (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 3/29/46

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

76
0

9686



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 Fulton C. Culkin

Licensed Embalmer No. 198

P. O. Address St. Louis 13. 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.