

FILED MAR 30 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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: Firmen Desloge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Woods

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

(d) Street No. 5725 Minerva
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James Anthony Harlow
Harlow, James

3. (b) If veteran, name war nil.

3. (c) Social Security No. _____

4. Sex male 5. Color of race W

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 27 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation Book Keeper

11. Industry or business _____

12. Name John Harlow 4

13. Birthplace County Mayo Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Anna Lynch

15. Birthplace New Orleans La
(City, town, or county) (State or foreign country)

16. Informant Mrs. Kitty Norris

(b) Address 5099 Page

17. (a) Burial (b) Date thereof 3/25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Ray Muller

(b) Address 5041 Defmar

19. (a) MAR 23 1946 (b) J. J. Brennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1946 hour 2 minute 5 P. M.

21. I hereby certify that I attended the deceased from February 2
1946 to March 3 1946
that I last saw him alive on March 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

uremia

Due to Carcinoma of rectum causing ureteral obstruction

Due to Primary site in uterus!

Other conditions Metastatic Carcinoma of liver
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Carcinoma of uterus metastatic to pelvic organs & liver

22. If death was due to external causes, all 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 0

23. Signature W. J. Arvey M.D. (M. D. or other) _____

Address Firm Desloge Hosp Date signed 3-22-46

MOTHER BIRTH PLACE

MAY 6 1946

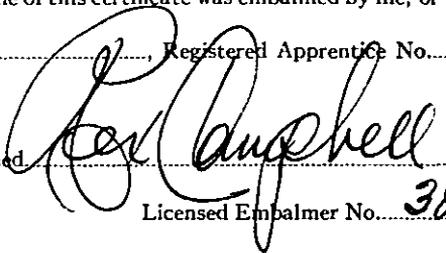
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 .....

Licensed Embalmer No. 3881.....

P. O. Address.....

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.

**SUPPLEMENTAL MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

318

1003

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No....., St. Ward)

File No.....
Registered No. **2756**

2. FULL NAME James Anthony Harlow

(a) Residence, No..... St., Ward.....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. days How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/21/1946**, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 24

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Primary site in Ureter

Code 52C

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....

13. NAME

What test confirmed diagnosis?..... Was there an autopsy?.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME

Where did injury occur?..... (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE....., 19.....

Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

20. FILED **4-23-1946** *J. F. Bruley* Registrar

(Signed)....., M. D.

(Address).....

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of mo
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2756

On this 3 day of April, 1946, before me appears James Anthony Harlow who, upon his oath, states that the original record of ^{birth} death
for James Anthony Harlow died 3-21- 1946 in the State of
Missouri, and which was filed at on 19....., should be corrected as follows:

- Item No. 3 should read James Anthony Harlow
Instead of..... " "
- Item No. should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Kathrine Morris ^{Informant}
Relationship.
5799 Page Blvd
Present Address.

Subscribed and sworn to before me this 3 day of April, 1946.

My Commission expires 2/4/49 Earl C. Paddock Notary Public.