V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11158

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2482

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: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 510
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5939 Oakhurst Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Horace Earl Harrison
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Charlotte M. Harrison
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: May 19, 1910 (Month) (Day) (Year)

8. AGE: Years 35 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace: Muncie (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Research Chemist
11. Industry or business: Anheuser Busch Inc.

FATHER
12. Name: Jesse Harrison
13. Birthplace: Mt. Vernon (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Olive Rose
15. Birthplace: Mt. Vernon (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mrs. Charlotte Harrison
(b) Address: 5939 Oakherst Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Lake Charles Cemetery
18. (a) Signature of funeral director: Shepard Funeral Home
(b) Address: 1167 Hamilton Avenue.
19. (a) MAR 14 1946 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1946 hour 3 minute 20 P. M.
21. I hereby certify that I attended the deceased from February 12, 1946, to March 12, 1946, that I last saw him alive on March 12, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Ulcerative Colitis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Ulcerative Colitis
Of autopsy: Ulcerative Colitis

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Gordon F. Moore (M. D. or other)
Address: Barnes Hospital, Date signed 3-12-46

(Licensed Embalmer's Statement on Reverse Side)

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

1010

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 Elmo R. Padwell

Licensed Embalmer No. 4077

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.