V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21811

FILED JUN 26 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5375

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: Jewish Hospital, O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 96

(c) City or town Ferguson, (If outside city or town limits, write "RURAL") 6

(d) Street No. 122 N. Elizabeth, (If rural, give location) N R2

(e) Citizen of foreign country? no. (Yes or No) /

If yes, name country

3. (a) PRINT FULL NAME James Harrison,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Persis J. Harrison,

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 25, 1874 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired Telephone Engineer

11. Industry or business Bell Telephone Co.,

MOTHER FATHER

12. Name Edwin Harrison,

13. Birthplace Washington, (City, town, or county) Arkansas (State or foreign country) /

14. Maiden name Laura Sterne,

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

16. (a) Informant Mrs. James Harrison,

(b) Address 122 N. Elizabeth, Ferguson,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) JUN 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1946 hour 6 minute 45 A M.

21. I hereby certify that I attended the deceased from Dec 21, 1943 to June 15, 1946; that I last saw him alive on June 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarct	2 hr
Due to: Coronary occlusion	2 hr
Due to: Arteriosclerosis	10 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Myocardial infarct

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 O

23. Signature Barrett L. Tansig (M. D. or other) M.D.

Address 4500 Olive Date signed June 17

(Licensed Embalmer's Statement on Reverse Side)

Mr. Saussig form 2 to 4 30
1500 Clinton

JUL 18 1946

MAY 13 1954

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 R. J. Sangster

Licensed Embalmer No. 4290

P. O. Address St Louis 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.