

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **38673**
Registrar's No. **10104**

FILED DEC 9 1946
318
Registration District No. _____

Primary Registration District No. _____

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

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:
5000 S. Broadway Carrie E. Gietner Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 years 11 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ionette Harris
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Franz Lee Harris
 6. (c) Age of husband or wife if alive 3 years
 7. Birth date of deceased March 3 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 22
 If less than one day _____ hr. _____ min.

9. Birthplace Pittsburgh Pa
(City, town, or county) (State or foreign country)
 10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____
 12. Name (unknown) Frew
 13. Birthplace Pittsburgh, Pa.
(City, town, or county) (State or foreign country)
 14. Maiden name Jennie Share
 15. Birthplace Pittsburgh, Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie E. Gietner Home
 (b) Address 5000 So. Broadway Ave.
 17. (a) Entombment (b) Date thereof 11-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director C.R. Lupton & Sons
 (b) Address 7233 Delmar Blvd.

19. (a) 11-26-46 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 65
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5000 So. Broadway Ave.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th
 year 1946 hour 11:05 minute 0 M.
 21. I hereby certify that I attended the deceased from Dec. 10, 1946, to Nov. 25, 1946
 that I last saw her alive on Nov. 25, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chr. Interstitial nephritis
 Due to Chr. Myocarditis
 Due to Hypertension
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
5 yr 10
 ?
 ?
 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?

23. Signature L. C. Krehmstedt M.D. (M. D. or other)
 Address 5000 S. Broadway Date signed 11/25/46
(Specify type of place) (e) Means of injury

Dr. K. E. Nenschwendler.
5000 So. Broadway.

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood, 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.