

FILED DEC 9 1946
Registration District No. **318**

Primary Registration District No. **1003**

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:
2906 Lawton Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life time
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2906 Lawton
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James H. Harrison
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex M **5. Color or** 2 race Negro
6. (a) Name of husband or wife Aime B. Harrison **6. (c) Age of husband or wife if** 36 years
7. Birth date of deceased Feb 17 1887
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 10
If less than one day hr. min.

9. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Funeral Director

11. Industry or business Undertaking

12. Name Henry Harrison

13. Birthplace Clarksville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Emma Ritter

15. Birthplace Clarksville Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. H. Harrison

(b) Address 2906 Lawton Ave

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

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Russell and Co

(b) Address 2732 Pine St

19. (a) Date received by Registrar DEC 1 1946 **(b) Registrar's signature** J. F. Bredeek

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1946 hour 11 minute 17 P.M.
21. I hereby certify that I attended the deceased from July 1, 1946 to Nov 28, 1946
that I last saw him alive on Nov 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease Duration 1 yr
Plus Nephritis
Prostatic Hypertrophy

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 Samuel Stefford (Specify type of place) White work (e) Means of injury 0
Address 925 N. Jefferson Date signed 11/30/46

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave.

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.