

FILED JAN. 7 1946

Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **10990**

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:
Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME James Harris

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race negro
 6. (a) Single, widowed, married, divorced Divorced
 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased Nov 8 - 1906
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 1 8 hr. min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)10. Usual occupation Jobber11. Industry or business Ice + Coal12. Name William Harris13. Birthplace Miss - I
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Miss I
(City, town, or county) (State or foreign country)16. (a) Informant Corena Grandy(b) Address 622 N. Beaumont17. (a) Burial (b) Date thereof 12-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cemetery18. (a) Signature of funeral director Robbins Bros(b) Address 3644 E. Finney Ave19. (a) DEC 22 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 222
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2829 Spruce
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
 year 1946 hour 8 minute 15 A.

21. I hereby certify that I attended the deceased from
12-10, 1946 to 12-16, 1946

that I last saw him alive on Dec. 16, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Duration Undet.

Due to _____

Due to _____

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy No

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? _____

While at work? (1) (Specify type of place)
 (e) Means of injury _____

23. Signature E. B. Williams (M. D. or other) _____Address 2601 N Whittier Date signed 12/17/46

MAR 9 1950

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

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Fair*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.