No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1947

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 3425

Registrar's No. 9

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7441 Trenton Blvd.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7441 Trenton Blvd. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Earl D. Harris

3. (b) If veteran, name war No

3. (c) Social Security No. 493-03-7493

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Grace M.

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

7. Birth date of deceased February (Month) 26th, (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	10	5	..... hr. ..... min.

9. Birthplace Jefferson Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Supervisor

11. Industry or business Wagner Elec. Co.

FATHER
12. Name John R. Harris
13. Birthplace Sherman (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Emma Hurt
15. Birthplace Sherman (City, town, or county) Texas (State or foreign country)

16. (a) Informant Grace M. Harris

(b) Address 7441 Trenton, University City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Wacker-Helderle N & L Co

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) 1-7-47 (Date received local registrar) (b) Ruth J. Allen M.D. (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1947 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from Death without medical attendance, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
Due to 200	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Ruth J. Allen M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 1/6/47

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1947

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 Frank J. Wyland

Licensed Embalmer No. 2645

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.