

No. 2  
-12-45  
5-17-39  
X47070

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3494  
Registrar's No. 151

FILED JAN 27 1947  
377

Registration District No. 377 Primary Registration District No. 6676

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 11-25-46  
(Specify whether years, months or days) 52 Years

3. (a) PRINT FULL NAME COURIER Harry I.  
3. (b) If veteran, name war World I 3. (c) Social Security No. 492280778

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 24 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 4 26 hr. min.

9. Birthplace Macon County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof Jan. 21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director C. Hoffmeister U & L Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) 1-23-47 (b) Ruth Allen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 88  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20  
year 1947 hour 7:35 minute A M.

21. I hereby certify that I attended the deceased from 11-25-46, 1946 to 1-20-47, 1947  
that I last saw h. im alive on January 20, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
HEART DISEASE, HYPERTENSIVE, WITH MITRAL VALVULAR DAMAGE  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions NONE  
(include pregnancy within 3 months of death)

Duration  
UNK.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations BILATERAL SUBTEMPORAL DECOMPRESSION  
Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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) \_\_\_\_\_  
(or) Means of injury \_\_\_\_\_  
23. Signature H. A. GERMAN, M.D. (M. D. or other)  
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 1-20-47

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

AUG 6 1947

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**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 Harry J. Schenck  
Licensed Embalmer No. 2679  
P. O. Address 7514 S. Broadway

**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.