

No. 2
-12-45
-17-39
X47970

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947
318

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

State File No. 10945
Registrar's No. 3217

Registration District No. _____ Primary Registration District No. _____

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:
1533. Papin Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 years (Specify whether
years, months or days)

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

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George Harris
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 4th 18 76
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 19
If less than one day _____ hr. _____ min.
70

9. Birthplace Brownville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife
Domestic

11. Industry or business _____

12. Name Neal Shaw

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

14. Maiden name Hanner, Freman

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

16. (c) Informant Steve Simpson

(b) Address 1533. Papin Street

17. (a) Burial (b) Date thereof 3/27/47
(Place of interment, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Father Dickson. Cem.

18. (a) Signature of funeral director John H. Houston
(b) Address 2834. Gamble Street.

19. (a) MAR 26 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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. 1533. Papin Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 23
year 1947 hour 12 minute 30 A-M.
21. I hereby certify that I attended the deceased from Dec. 2, 1946, to MARCH 23, 1947;
that I last saw her alive on MARCH 22, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Stomach
Due to Pyloric Obstruction

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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 _____ (Specify type of place)
(e) Means of injury _____

23. Signature Leah Smart (M. D. or other) _____
Address 4069 a Easton St. Louis Date signed 3/25/47

000
2/2
17
9
J

Duration
6 mos

3 mos

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

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

MAY 27 1946

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.....

Licensed Embalmer No. *3522*

P. O. Address *3506 Franklin*

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.