

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11931

FILED APR 14 1947

State File No. _____

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 777

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
24 Crescent Acres
(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 Affton
(If outside city or town limits, write "RURAL")

(d) Street No. 24 Crescent Acres
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR HARKINS

3. (b) If veteran, name war Peace Time

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3rd
year 1947 hour 5:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from
Apr 2, 1947, to Apr 3, 1947,
that I last saw him alive on Apr 12, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac apoplexy Suddenly

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillian Harkins

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

7. Birth date of deceased: September 10, 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44	6	23	hr. _____ min.
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9. Birthplace New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Chemist

Due to _____

Due to _____ 950

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Daniel F. Harkins

13. Birthplace Unknown 9
(State or foreign country)

14. Maiden name Barry Curley
(State or foreign country)

15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Harkins

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

16. (b) Address 24 Crescent Acres, Affton Mo

17. (a) Burial (b) Date thereof 4-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director _____

(b) Address 6322 S. Grand Blvd.

19. (a) 4-7-47 (b) Carol A. [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature Waldo Hall (M. D. or other) _____
Address Lemay B. 8 (23) Mo Date signed 4/3/47

APR 29 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 *J. Wm. Dinkley*
Licensed Embalmer No. *3653*
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.