

S. No. 2  
-12-45  
-5-17-39  
P1 X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11932**  
Registrar's No. **730**

**FILED APR 3 1947**  
Registration District No. **317**

Primary Registration District No. **6076**

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

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Florissant**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Charbonniere Road**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **Florissant**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Charbonnier Road**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **William Kirk Harrington**  
**3. (b) If veteran,** \_\_\_\_\_ **No.** **3. (c) Social Security** **None**  
 name war \_\_\_\_\_ **No.**

**4. Sex** **Male** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Ida Wischmeyer**  
**6. (c) Age of husband or wife if alive** **60** years  
**7. Birth date of deceased** **March 11, 1883**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>64</b>	<b>-</b>	<b>17</b>	_____ hr. _____ min.

**9. Birthplace** **Mississippi**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired Vice President**

**11. Industry or business** **Guyton & Harrington Horse & Mules**

**12. Name** **W. Ross Harrington**

**13. Birthplace** **Mississippi**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Martha Darnell**

**15. Birthplace** **Mississippi**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Ida Wischmeyer Harrington**

**(b) Address** **Charbonniere Rd. Florissant, Mo.**

**17. (a) Burial** **(b) Date thereof** **3/31/47**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Lake Charle Park**

**18. (a) Signature of funeral director** **Robert J. Ambruster, Inc.**

**(b) Address** **Clayton Rd. at Concordia Lane**

**19. (a) 3-31-47** **(b) [Signature]**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **March** day **28**  
 year **1947** hour **2:** minute **15 P.M.**

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19 **47** to **3/28/47**, 19 \_\_\_\_\_;  
 that I last saw him alive on **3/28/47**, 19 \_\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** **Coronary Embolus**  
**Due to** **Coronary Heart Disease**  
**Cardio Vascular Periodic**  
**Due to** **1310**  
**Other conditions** \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations: **No operation**  
 Of autopsy: **No 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?** \_\_\_\_\_ **(e) Means of injury** **0**

**23. Signature** **[Signature]** **(M. D. [Signature])**  
**Address** **7307 Natural Bridge Rd.** **Date signed** **3/29/47**

**Duration** \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

---

---

**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. 1994

P. O. Address.....

**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.**