

FILED SEP 8 1947

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2239

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Louis Maternity Hospital O
(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 200
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 747 1/2 Bayard 9
(If rural, give location) O
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1947 hour 2:30 PM minute M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw he/she alive on Aug. 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Sub-arachnoid Hemorrhage 15 hrs.
Due to Trauma of Delivery
Due to

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 1/60
Of autopsy: As above

3. (a) PRINT FULL NAME INFANT HARRIS

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced O

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

7. Birth date of deceased August 15, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 15 hr. 40 min.

9. Birthplace St. Louis, Missouri O
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name SAMUEL HARRIS

13. Birthplace DAMASCUS, ARKANSAS /

14. Maiden name CECILIA VALENTINE WESS

15. Birthplace ST. LOUIS MISSOURI O

16. (a) Informant (b) Address 630 S. Kingshighway

17. (a) Anatomical Board (b) Date thereof Anatomical Board (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rugger

19. (a) AUG 29 1947 (b) J. F. Bredek (Registrar's signature)

(Date received local registrar)

(Date received local registrar)

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.