No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29101

Primary Registration District No. 1003

Registrar's No. 7719

1. PLACE OF DEATH:
(a) County: ST LOUIS
(b) City or town: ST LOUIS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3828 COOK AVE.
(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)
In this community: 25 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: ST LOUIS 000
(c) City or town: ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 3828 COOK AVE. 9
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Fred G. HARRIS
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: 702-14-1333
4. Sex: MALE 2
5. Color or race: CO 1
6. (a) Single, widowed, married, divorced: WIDOWED 2
6. (b) Name of husband or wife: ESSIE
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 10 (Month) 16 (Day) 1881 (Year)

8. AGE: Years 65 Months 9 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace: EVERGREEN (City, town, or county) ALA (State or foreign country)
10. Usual occupation: COOK
11. Industry or business: MO. PACIFIC RAILROAD
FATHER
12. Name: GODFREY HARRIS
13. Birthplace: UNKNOWN (City, town, or county) ..... (State or foreign country) 9
MOTHER
14. Maiden name: ESSIE MARR
15. Birthplace: ROLLA (City, town, or county) MO (State or foreign country) 0
16. (a) Informant: Adelaide Brantley
(b) Address: 1724 Bright Pl
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 8-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: ROLLA MO.
18. (a) Signature of funeral director: Bennie Lowe
(b) Address: 3103 WASHINGTON AVE.
19. (a) AUG 18 1947 (Date received by registrar) (b) J. T. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12 year 47 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8/8 19 47 to 8/12 19 47 that I last saw h. alive on 8/7 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic myocarditis 4 days
Due to: 9
Due to: 9
Other conditions: Chronic arthritis 8 yr
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Vaughn C. Payne (M.D. or coroner)
Address: 3146 Euclid Date signed: 8/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alden

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.