o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29102 7935

FILED SEP 2 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's 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: Missouri Baptist Hospital (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 Illinois (b) County Randolph 999

(c) City or town Steeleville 11 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) N R 2

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Thomas Harris

3. (b) If veteran, name war No

3. (c) Social Security No. 489-05-6454

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 26 (Day) 1871 (Year)

8. AGE: Years 75 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Steeleville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business Western Union

FATHER
12. Name Samuel Harris
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret McDonough
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant A.F. Schaack
(b) Address Steeleville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Steeleville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd

19. (a) AUG 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1947 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from August 8, 1947, to August 19, 1947, that I last saw him alive on August 19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage (Malignancy) Duration

Due to

Due to

Other conditions Myocarditis Chronic (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 [signature] (M. D. or other) MD

Address 812 Olive St. St. Louis 2 Date signed 8/25/47

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 Ernest W. Spillars

Licensed Embalmer No. 4080

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.