No. 2
1/47
17-39

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

29104

State File No.

FILED SEP 8 1947

Registration District No. #72922 318 Primary Registration District No. 1003 Registrar's No. 8179

1. PLACE OF DEATH:

(a) County

(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: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ca

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4523 Mary Ave 9
(If rural, give location)

Memorial 9

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

If yes, name country

3. (a) PRINT FULL NAME LENA HARRIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Lawrence Harris

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

7. Birth date of deceased July (Month) 17 (Day) 1874 (Year)

8. AGE: Years 72 Months 13 Days 10 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Peter Toelke
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Gieselmann
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence Jurgens
(b) Address 4442 Athlone Ave

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof Aug 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mauoleum

18. (a) Signature of funeral director Calvin F Fautz
(b) Address 4828 Nat Bridge Blvd

19. (a) AUG 28 1947 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th year 1947 hour 12:00 minute Noon

21. I hereby certify that I attended the deceased from 7/2/47, 19, to Aug. 27th, 1947; that I last saw him alive on Aug. 27th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to

Due to

Other conditions Psychosis with cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 1515 Lafayette (M.D. or other) 8/27/47

Address C. E. Boyd, M.D. Date signed

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 John A. Mlinar

Licensed Embalmer No. 4186

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.