

No. 2
1-17
5-17-39

FILED AUG 16 1947

Registration District No. 3068

Primary Registration District No. 3068

Registrar's No. 1754

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 7116 South St.
(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 St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL") 3

(d) Street No. 7116 South St.
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Louise Elizabeth Harris

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased Feb. 6 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th
year 1947 hour 10:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 10th 1947 to Aug 13 1947
that I last saw her alive on Aug 11th 1947
and that death occurred on the date and hour stated above. Duration

Immediate cause of death cerebral hemorrhage 4 days

8. AGE: Years Months Days If less than one day

75 65 7 _____ hr. _____ min.

Due to 8:30

Due to _____

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

10. Usual occupation Retired Housewife

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

MOTHER FATHER

11. Industry or business _____

12. Name Phil Grieff

13. Birthplace Chicago Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Chicago Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Strom
(b) Address 7116 South St.

17. (a) Burial (b) Date thereof 8-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, Kirkwood

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.

19. (a) 8-15-47 (b) Cecilia J. Slayton
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 Arthur B. Slayton (M. D. or other) 0
Address 3500 Cambridge
Maplewood Date signed 8/14/47

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

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 _____

J. P. Burgess

Licensed Embalmer No. _____

4029

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.