No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
Public Health Service
Bureau of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32580

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9331

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 5559a Manchester Av.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5559a Manchester Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Parker Harris
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Harris
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 2nd (Day) 1879 (Year)

8. AGE: Years 68 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Richland (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Factory Worker
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Rev. B. H. Hete
(b) Address 4800 Weber Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.
18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4452 Washington Blvd.
19. (a) SEP 2 1947 (Date received local registrar) (b) J. J. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 year 1947 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death External Hemorrhage following laceration of both Femoral Arteries Self inflicted with Razor Blade While in room confined on west ward of City Jail	
Due to Same on Aug 29 1947 about 6:45 p.m.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Not	
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) Suicide
(b) Date of occurrence Aug 29 1947
(c) Where did injury occur? City Jail (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 Razor Blade

23. Signature (M. D. or other)
Address Date signed 9/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Rex Campbell

Licensed Embalmer No. 3881.

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.