

No. 2  
12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35810**  
Registrar's No. **9726**

FILED NOV 3 1947

Registration District No. **318** Primary Registration District No. **1003**

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:  
4440 Lindell Blvd.  
(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)

3. (a) PRINT FULL NAME HENRY 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 Jeanne Harris  
6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased Feb. 18 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 8 1 hr. min.

9. Birthplace New York New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Executive

11. Industry or business Public Utility

12. Name Abraham Harris

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

14. Maiden name Eva Jacobs

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

16. (a) Informant Gerald Harris

(b) Address 4440 Lindell Blvd.

17. (a) Burial (b) Date thereof 10-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Receiving

18. (a) Signature of funeral director Herman Riedel  
(b) Address 5216 Delmar Blvd.

19. (a) OCT 20 1947 (b) J. F. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4440 Lindell  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19  
year 1947 hour 11 minute 20P M.  
21. I hereby certify that I attended the deceased from 10-19-46  
....., 19....., to 10-19-47  
....., 19....., that I last saw him alive on 10-19-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
arteriosclerosis  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings.....  
Of operations.....  
Of autopsy.....

Duration 10 yrs  
PHYSICIAN  
Underline the cause to 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?  
vaunt  
While at work?..... (Specify type of place)  
(e) Means of injury.....  
23. Signature MD. Krutewicz, MD. (M. D. or other)  
Address 538 N Grand St Date signed 10-20-47

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

MOTHER FATHER

NOV 3 1906

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**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 Kettles*

Licensed Embalmer No.....

*3880*

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.**