

FILED DEC 6 1947 **318**

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

1. PLACE OF DEATH  
(a) County **ST LOUIS**  
(b) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3002 LAWTON AVE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **ST LOUIS**  
(c) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3002 LAWTON AV**  
**21** (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Charlie Harris**  
3. (b) If veteran, **No** name war  
3. (c) Social Security No. **495-14-8808**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov** day **18** year **1947** hour **11** minute **05 AM**  
21. I hereby certify that I attended the deceased from.....  
..... 19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

4. **Male** 5. Color **Col** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **UNKNOWN**  
(Month) (Day) (Year)

Immediate cause of death.....  
**Edema Brain**  
**Walls Abnormal**

8. AGE: Years Months Days If less than one day  
**ABT 61** hr. min.

Due to.....  
Due to..... **177**

9. Birthplace **MISS** (City, town, or country) (State or foreign country)  
10. Usual occupation **Porter**

Other conditions..... (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

MOTHER FATHER  
11. Industry or business.....  
12. Name **LEWIS HARRIS**  
13. Birthplace **MISS** (City, town, or country) (State or foreign country)  
14. Maiden name **HARRIET Burnside**  
15. Birthplace **MISS** (City, town, or country) (State or foreign country)

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)

16. (a) Informant **MN**  
(b) Address **HELANA AFR.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-22-47** (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenwood Cemetery**  
18. (a) Signature of funeral director **3103 Washington**  
(b) Address **NOV 22 1947**  
19. (a) **NOV 22 1947** (Date received for registrar) (b) **J. F. Bredlek** (Registrar's signature)

23. Signature **John W. ...** (M. D. or other) **3**  
Address..... Date signed **11/22/47**

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

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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

*Ralph W. Henson*

Licensed Embalmer No.

*3791*

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.