S. No. 2
M—1/47
v. 5-17-39

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

State File No. 43101

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11928

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0

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

(d) Street No. 2904 Rutger 9
(If rural, give location)

18

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

If yes, name country

3. (a) PRINT FULL NAME James Harriss

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 10 (Day) 1947 (Year)

8. AGE: Years 3 wks | Months | Days | If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Charles Evans
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Greene Harris
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Esther M. Sherard
(b) Address 2601 Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 30 194 (Month) (Day) (Year)
(c) Place: burial or cremation DEC 26 1947

18. (a) Signature of funeral director ROWLAND
(b) Address 4355 Washington

19. (a) DEC 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1947 hour 5 minute 50 P M.

21. I hereby certify that I attended the deceased from Nov. 28, 1947 to Dec. 11, 1947
that I last saw him alive on Dec. 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Severe Dehydration and Severe Acidosis

Due to

Due to

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

Major findings:
Of operations

Of autopsy None

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 Theodore Blevins (M.D. or other)

Address 2601 N Whittier Date signed 12/15/47

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.....

Licensed Embalmer No.....

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.