S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43104

FILED DEC 31 1947

Registration District No. 318 — Primary Registration District No. 1005 — Registrar's No. 11650

20
17
9

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

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: St. Lukes Hospital
(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 96

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

(d) Street No. 7376 Pershing Ave., 5
(If rural, give location)

N.R.

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME STELLA C. HARRISON.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Harrison.

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

7. Birth date of deceased August (Month) 17 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	4	2	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name unknown Andrews.
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Elizabeth Black.
15. Birthplace unknown (City, town, or county) Minnesota. (State or foreign country)

16. (a) Informant Mrs. Fred Ulman.
(b) Address 7376 Pershing Ave.,

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 12-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,

19. (a) DEC 22 1947 (Date received local registrar) (b) J. F. Brepeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1947 hour 5 40 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 14, 1947, to Dec 19, 1947; that I last saw her alive on 9 Am 12-19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma, intra-abdominal probably primary liver	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)

(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 0

23. Signature Anthony B. Day (M. D. or other)

Address 3720 Washington Blvd. Date signed 12-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

T5911

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 Clarence A. Murray

Licensed Embalmer No. 4011

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.