S. No. 2
f—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2586

FILED JAN 16 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 219

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 9 days (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. 2912 Franklin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Inez Harper
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 17, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	5	17	hr. min.

9. Birthplace Newbern, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Andrew Harris
13. Birthplace Dyersburg, Tenn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Nancy Harris
15. Birthplace Dyersburg, Tenn. (City, town, or country) (State or foreign country)
16. (a) Informant Gevena Adams
(b) Address 1309 Praire
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director E. B. Powell
(b) Address 1221 N. Grand Blvd.
19. (a) JAN 8 1948 (Date received by registrar) J. F. Bradach (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 4 year 1948 hour 4 minute 40 A.M.
21. I hereby certify that I attended the deceased from Dec. 27, 1947 to Jan. 4, 1948 that I last saw her alive on Jan. 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Degenerative Heart Disease with Decompensation	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 Oscar J. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 1/5/48

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

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.....Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 1221-N. Gra

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.