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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2590

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1046

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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. 3931 Delmar Blv. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FERN Harris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem

5. Color or race Wh.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jul. 30, 1926 (Month) (Day) (Year)

8. AGE: Years 21 | Months 6 | Days 1 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Arvil Janis

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

MOTHER 14. Maiden name Alice Marshall

15. Birthplace St. Francis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Alice Zoeller

(b) Address 812D DesPeres Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director E. J. Schrur

(b) Address 3125 Lafayette Ave.

19. (a) FEB 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st year 1948 hour 2:45 minute A M.

21. I hereby certify that I attended the deceased from 1/19/48, 19, to Jan 31st., 19 48 that I last saw her alive on Jan 31st., 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Central nervous system Syphilis - Paresis

Due to

Due to

Other conditions Pregnancy - 2-3 months. (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No gross findings

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lee G. Hall (M.D. or other)

Address 1515 Lafayette 1/31/48 Date signed

(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 Jos R Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.