S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6447

FILED MAR 4 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1873

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: 3236½ South 13th St. St Louis, Mo (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: 000

(a) State Missouri (b) County

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

(d) Street No. 3236½ S. 13th St. (If rural, give location) 9

24 0

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

If yes, name country

3. (a) PRINT FULL NAME NELLIE GEISER HARMON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Fred Harmon

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

7. Birth date of deceased August 13, 1891 (Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 8 If less than one day: hr. min.

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

10. Usual occupation house work

11. Industry or business at home

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

MOTHER
14. Maiden name Rabecca Hudson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Sylvia Lundstrom

(b) Address 3236½ S. 13th St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/24/48 (Month) (Day) (Year)

(c) Place: burial or cremation Keysport, Ill (motor)

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Bierck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 21 day year 1948 hour / minute 00 A M.

21. I hereby certify that I attended the deceased from 2/16/48, 19 to 2-21, 1948; that I last saw her alive on Feb 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart disease

Due to Coronary Artery disease

Due to

Other conditions (Include pregnancy within 3 months of death) 9 4

Major findings:
Of operations

Of autopsy

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 B. J. McGinnis (M. D. or other)

Address 3608 S. Grand Date signed 2/21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1873

2010

STATEMENT B[illegible]I[illegible]D EMBALMER

I hereby certify that the body whose name is recorded on the [illegible] of this certificate was embalmed by me, or by ..... Registered Apprentice No. ..... working under my personal supervision.

Signed V E Morris

Licensed Embalmer No. 3360

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.