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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6714

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 2344

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: Deaconess 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 About 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 96
(c) City or town Glendale 11
(If outside city or town limits, write "RURAL")
(d) Street No. 864 Brookside Dr. 1
(If rural, give location)
NR
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME HARRY B. MACRAE
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Augusta
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Nov. (Month) 23 (Day) 1878 (Year)

8. AGE: Years 69 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Vermont 1
(City, town, or county) (State or foreign country)
10. Usual occupation Manufacturer's Agent
11. Industry or business Holly Made Mfg. Co.
FATHER
12. Name Frank W. Macrae
13. Birthplace Mass. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Austin
15. Birthplace Vermont 1
(City, town, or county) (State or foreign country)
16. (a) Informant Augusta Macrae
(b) Address 864 Brookside Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAR 8 1948 (Date received local registrar) (b) J. F. Brinck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1948 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from 3/4 1948 to 3/7 1948
that I last saw him alive on 3/7 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured aneurysm of abdominal aorta	1 day
Due to: Arteriosclerosis	5 yrs.
Due to: Hypertension	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

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 C. Theslie (M. D. or other) MD
Address Kirkwood, 22, Mo Date signed 3/8/48

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.....Richard W. Stovesand.....

Licensed Embalmer No.....4007.....

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.