V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

10242

State File No. 3245

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

**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: CITY HOSPITAL #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days) In this community 5 YEARS

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 000 17
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 9
(d) Street No. 2107 COLLEGE AVE (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 9
If yes, name country

3. (a) PRINT FULL NAME WILLIAM D. HARLIN
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife SAVANAH HARLIN
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased MAR-18-1875 (Month) (Day) (Year)
8. AGE: Years 73 Months 0 Days 13 If less than one day hr. min.
9. Birthplace MALDEN - MO (City, town, or county) (State or foreign country)
10. Usual occupation INSURANCE COLLECTOR
11. Industry or business
FATHER 12. Name JOHN HARLIN
FATHER 13. Birthplace ADVANCE - MO (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
MOTHER 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Mr George H. Harlin
(b) Address 2157 College ave
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM
18. (a) Signature of funeral director L. B. Jungi
(b) Address 6107 Natural Bridge
19. (a) APR 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 1st year 1948 hour 12 minute 02 PM.
21. I hereby certify that I attended the deceased from June 1941, 19..., to March 31, 1948; that I last saw him alive on 11 PM March 31, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death CEREBRAL HEMORRHAGE | 14 hrs |
| Due to GENERALIZED ARTERIOSCLEROSIS | 7 yrs |
| Due to ESSENTIAL HYPERTENSION | 7 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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 John W. Seddon M.D. (M. D. or other)
Address 4700 West Pine Blvd Date signed April 1948

(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 Elmo R Cadwell

Licensed Embalmer No. 4077

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.**