No. 2
-12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10245

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2911

1. PLACE OF DEATH:

(a) County ~~St. Louis~~

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

(c) Name of hospital or institution: Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 00 17

(c) City or town St. Louis 01
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar, 1
(If rural, give location)

(e) Citizen of foreign country? 12 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Winfield E. Harrold

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex m 1 5. Color or race w 6. (a) Single, widowed, married, divorced w 2

6. (b) Name of husband or wife Emma L. Nugent 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May 21, 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Pittsfield, Mass. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name B enjamin Harrold
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Horten
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar, St. Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director [illegible]
(b) Address 6175 Delmar Blvd.

19. (a) MAR 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24. year 1948 hour one minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 8, 1947 to March 24, 1948; that I last saw him alive on March 24, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	5 days
Due to Endarteritis Obliterans	6 months
Due to Hypertension	1 year
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 D

23. Signature [illegible] (M. D. or other)
Address 508 N. Grand Boulevard Date signed 3/24/48.

(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. E. McCullah

Licensed Embalmer No. 2960

P. O. Address 617 S Delma

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.