. No. 300
I—10-47
. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14163

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3476

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City 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 3 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1135 Frey St. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lee William Harper

3. (b) If veteran, name war

3. (c) Social Security No. 497-18-2561

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Harper

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July (Month) 9 (Day) 1885 (Year)

8. AGE: Years 62 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Plant Laborer

11. Industry or business

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

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

16. (a) Informant Russell James Harper
(b) Address 1135 Frey Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Cardwell Mo.

18. (a) Signature of funeral director Chas. A. Bull
(b) Address 5 & 100 Washington Bl.

19. (a) APR 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day April year 1948 hour 6:30 minute

21. I hereby certify that I attended the deceased from July 1947 to March 25, 1948 that I last saw her alive on March 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, Nephritis (Chron.)	3
Due to	
Due to	
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 H. G. Moore (M. D. or other)

Address 417-5018th Date signed 4-10-48

(Licensed Embalmer's Statement on Reverse Side)

VS DEC 27 1960

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 J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witb the above constitutes grounds for revocatim of license.)

If this body is not embalmed, fact should be so stated above.