No. 300
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P I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 14165

Registrar's No. 3568

WRITE PLAINLY—USE 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: MISSOURI PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 DAYS. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST CLAIR 999

(c) City or town EAST. ST. LOUIS. 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1418 SOUTH J ST. 0
(If rural, give location)

NR

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME HARRIS, ARTHUR ELBERT

3. (b) If veteran, name war —

3. (c) Social Security No. 429-22-1692

4. Sex MALE 2

5. Color or race COLOR

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

6. (b) Name of husband or wife MRS SADIE HARRIS

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased AUG. (Month) 4 (Day) - 1897 (Year)

8. AGE: Years 50 | Months 8 | Days 4 | If less than one day hr. min.

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

10. Usual occupation YARD LABORER

11. Industry or business G.M.O. R.R.

FATHER
12. Name ROBERT HARRIS 1
13. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name GEORGIA MUDD 1
15. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS SADIE HARRIS

(b) Address 1418 SO. J. STREET

17. (a) E. ST. LOUIS ILL (Burial, cremation, or removal) (b) Date thereof APR. 14, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation E. ST LOUIS ILL

18. (a) Signature of funeral director P. A. CRIGLER

(b) Address 1036 TUDOR AVE E. ST. LOUIS ILL.

19. (a) APR 14 1948 (Date received local registrar) (b) L. J. Bredach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13 year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from MARCH 25, 1948, to APRIL 13, 1948, that I last saw him alive on APRIL 13, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
BRONCHO PNEUMONIA.	2 days
Due to CEREBRAL HEMORRHAGE	19 days
Due to	
Other conditions DIABETES (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) NO

(b) Date of occurrence

(c) Where did injury occur? NONE (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 N. J. Horsch MD (M. D. or other)

Address Mo. Pac. Hospital Date signed 4/14/48

(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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben H. Baldusi

Licensed Embalmer No. 2420

P. O. Address East St Louis

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.