No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14171
Registrar's No. 3656

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 5236 N. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 020
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5236 N. Broadway 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME KATIE HARRISON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 3
5. Color or race C
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ARTHUR HARRISON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAR. (Month) 20 (Day) 1878 (Year)

8. AGE: Years 70 Months 0 Days 23 If less than one day hr. min.

9. Birthplace FAYETT (City, town, or county) MO. (State or foreign country)
10. Usual occupation DOMESTIC
11. Industry or business

FATHER
12. Name LOUIS HUGHES
13. Birthplace FAYETT (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ELLEN FISHER
15. Birthplace FAYETT (City, town, or county) MO (State or foreign country)

16. (a) Informant Hubert Jackson
(b) Address 1018 Eulica Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PK
18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Standard St
19. (a) APR 17 1948 (Date received local registrar) (b) J. F. Branch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1948 hour 11 minute P M.
21. I hereby certify that I attended the deceased from March 20, 1948 to April 13, 1948 that I last saw her alive on April 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralytic Stroke	
Due to Myo Carditis	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 (M. D. or other)
Address 1015 A. N. Garrison Date signed 4/15

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

3666

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayarda

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.