

Registration District No. **318**

Primary Registration District No. **1003**

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:
Christian 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.....
years, months or days)

3: (a) PRINT FULL NAME Infant Harig

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased June 9, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 12 hr. 0 min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

12. Name George Harig

13. Birthplace 1904-Stedman Court Overland, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nettie H. Fuhrman

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Harig

(b) Address 1904-Stedman Court Overland, Mo.

17. (a) Burial (b) Date thereof: 6-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Barraman Bros. Inc.

(b) Address 2504-Woodson Rd - Overland - 14 - Mo.

19. (a) JUN 11 1948 (b) J. F. Brodeck
(Date received local registrar's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Overland, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1904 Stedman Ct.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 9 June 1948
to 9 June 1948
that I last saw him alive on 9 June 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Premature 6 Mo.

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 157

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER, FATHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof:.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....
(Date received local registrar's report) (Registrar's signature)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 86

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.