

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 21 1948

Registration District No. **318**

Primary Registration District No. **1008**

Registrar's No. **5307**

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:
Homer G. Phillips Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours
(Specify whether years, months or days)

In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6-00
17

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

(d) Street No. 1634 Carr Drive
25 (If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry O. Harris, Sr.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1948 hour 6:48 minute A. M.

4. Sex Male **2** 5. Color or race Col.

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

6. (b) Name of husband or wife Irene Harris

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased: March (Month) 28 (Day) 1906 (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>2</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death:
Gangrene of small bowel;
Bowel obstruction (Small)

Due to _____

Due to _____

9. Birthplace: Nashville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation: Taxi Driver

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business: American Cab Co.

MOTHER FATHER

12. Name: Joe Harris

13. Birthplace: Lebanon Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name: Mattie Clayton

15. Birthplace: Lebanon Tenn.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant: Irene Harris

(b) Address: 1634 Carr Drive

While at work? _____

(Specify type of place) _____

(e) Means of injury 2

17. (a) Burial (b) Date thereof: 6-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Ellis Funeral Home

(b) Address: 2820 Stoddard St.

19. (a) JUN 10 1948 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

23. Signature: Patrick E. Taylor (M. D. or other) Dr. Taylor

Address: 1300 Clark Ave Date signed: 6/10/48

WRITE PLAINLY - USE UNFADING INK

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 *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St Louis 13 Mo*

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.