

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

24343  
6935

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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:  
**St. Louis City Hospital-Max C. Starkloff**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **7 Wks** Memorial  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

**Frank Harris**

3. (b) If veteran,

name war **None**

3. (c) Social Security

No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (b) Name of husband or wife **Mattie** 6. (a) Single, widowed, married,  
divorced **Married**  
7. Birth date of deceased **March 17 1868**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**80 4 19** hr. min.

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

10. Usual occupation **Retired**

11. Industry or business

12. Name **George Harris**

13. Birthplace **England**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Draper**

15. Birthplace **New Albany Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mattie Harris**

(b) Address **5053 Page Ave**

17. (a) **Burial** (b) Date thereof **8-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **Meth. Hermann & Son, Inc.**

(b) Address **2161 E. Fair Ave**

19. (a) **AUG 7 - 1948** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **600**  
(c) City or town **St. Louis** 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. **5053 Page Blvd.** 0  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **5th**  
year **1948** hour **9** minute **30** A.M.

21. I hereby certify that I attended the deceased from **6-19-48**  
19....., to **August 5th 1948**  
that I last saw h. **in** alive on **August 5th 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart trouble** Duration **77**  
**Arteriosclerotic Heart Disease**

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 sta-  
tistically.

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?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature **Paul in Caldwell M.D.** (M. D. or other) **8-5-48**

Address **1515 Lafayette** Date signed.....

**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.....

*Glen W. Hart*

Licensed Embalmer No.....

*3727*

P. O. Address.....

*2161 E. Fair Ave*

**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.**