

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

1. PLACE OF DEATH:

(a) County: St. Louis
 (b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1406 A Belt
(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: Charles A. Harrison
 3. (b) If veteran, name war.....
 3. (c) Social Security No.:

4. Sex: Male
 5. Color or race: Wh
 6. (a) Single, widowed, married, divorced: Single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: March 15 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 hr. min.

9. Birthplace: Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Clerk

11. Industry or business: County Court

12. Name: Milton B. Harrison

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

14. Maiden name: Annanda Graham

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

16. (a) Informant: Edwina Harrison

(b) Address: 1406 A Belt

17. (a) Burial, cremation, or disposal: Burial
 (b) Date thereof: 8-18-48
(Specify place)
 (c) Place of burial or cremation: St. Mary's

18. (a) Signature of informant: Edwina Harrison
 (b) Address: 12248 5 Union Blvd.

19. (a) Date received local registrar: AUG 12 1948
 (b) Registrar's signature: J. F. Brudick

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000
 (c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No.: 1406 A Belt
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
 year 1948 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from April 22, 1947, to Aug 12, 1948
 that I last saw him alive on Aug 13, 1948
 and that death occurred on the date and hour stated above.
 Duration

Immediate cause of death: Cirrhosis of Liver
 Due to: Hypertensive
Arteriosclerosis
 Due to: Arteriosclerosis of head
 Other conditions: (Include pregnancy within 3 months of death)
 Major findings: none of 1/24
 Of operations:
 Of autops: none

Duration
2 yrs.

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: G. H. Piddell (M. D. or other)
 Address: 1259 N. Kingshighway Date signed: 8-16-48

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

Gustav W. Dertute

Licensed Embalmer No.

4329

P. O. Address

St. Louis, 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.