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FILED AUG 23 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

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
(If not in hospital or institution, write street number and location) 3 mos; 22 days
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME William C Harris

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 21, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 16 hr. min.

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

10. Usual occupation Messenger

11. Industry or business Johannes-Tate Pharmacy

12. Name William C. Harris

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

14. Maiden name Laura Jefferson

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

16. (a) Informant Julia Davis.

(b) Address 4246 W.N. Market Street.

17. (a) Burial (b) Date thereof 8/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 N. Taylor Ave

19. (a) AUG 9 - 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4246 No Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1948 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 14, 1948 to August 6, 1948
that I last saw him alive on August 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Osteomyelitis of Left Tibia - non J. B
Hypertensive Heart Disease

Duration
Unk
Unk

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 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature B.E. Phillips (M. D. or other) _____

Address 2601 N Whittier St Date signed 8-7-48

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.....

Annice Roberts

Licensed Embalmer No. *4439*

P. O. Address *1416 N. Jaylas*

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.