. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 397

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35118

Registrar's No. 2416

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7315 W. Florissant Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 96
(c) City or town: Jennings 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 7315 W. Florissant Ave 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Samuel E. Harrison
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 18 (Day) 1865 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 83 | 6 | 10 | ..... hr. ..... min. |

9. Birthplace: Wisconsin / (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Terminal R.R.
FATHER
12. Name: Unknown
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Carter B Harrison
(b) Address: 4606 Jennings
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Galvin F Feutz
(b) Address: 4828 Natural Bridge Blvd
19. (a) 10-18-48 (Date received local registrar) (b) Cecil C Stuart MD (Registrar's signature) MSA 6701 W Florissant Oct 18 48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1948 hour 4 a. minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 17, 1948, to Oct 18, 1948 that I last saw ~~him~~ alive on Oct 17 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Thrombosis | 24 hrs |
| Due to: ? | |
| Due to: ? | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: —
Of autopsy: — 94 w

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) 0
While at work? (e) Means of injury .....
(f) Signature: [illegible] (g) D. or other .....
Address: 6701 W Florissant Date signed: Oct 18 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 John A. Mlinar

Licensed Embalmer No. 4186

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.**