

S. No. 300  
PM-10-47  
Rev. 5-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 4 1948  
Registration District No. 277

Primary Registration District No. 3063

Registrar's No. 2005

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
6  
2  
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1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
9507 Old Bonhomme Rd.  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton  
(If outside city or town limits, write "RURAL")

(d) Street No. 9507 Old Bonhomme Road  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Cortlandt C. Harris

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 married

6. (b) Name of husband or wife Alma Kregel Harris

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 19, 1872  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 29  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Franklin, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation President & Manager

11. Industry or business Harris Stores Co. (Retired)

MOTHER FATHER { 12. Name George C. Harris

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

14. Maiden name Amanda Jane Downey

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

16. (a) Informant Mrs. Alma K. Harris

(b) Address 9507 Old Bonhomme Rd.

17. (a) burial (b) Date thereof 11/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director: Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 11-19-48 (b) Carol A. Sharp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th  
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 16 1948 to Nov. 18 1948  
that I last saw him alive on Nov. 17 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 48 hrs.

Due to Hypertensive cardio-vascular disease yrs. 93d

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) (c) Means of injury \_\_\_\_\_

23. Signature Reg. W. J. Stue (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed 11-19-48

Dr. George W. Ittner (1:30-5)  
Beaumont Bldg.

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**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 Albert R. Thompson Jr.  
Licensed Embalmer No. 42 37  
P. O. Address St Louis

**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.