S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

38899

State File No.

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2636

1. PLACE OF DEATH:
(a) County St. Louis ~~Richmond Heights~~
(b) City or town ~~St. Louis~~ Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY HOSP.
(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
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6927 SUTHERLAND AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME INFANT DANIEL 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 —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased AUG. (Month) 22. (Day) 1948 (Year)

8. AGE: Years | Months 2 | Days | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name R. J. HARRIS
13. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name PATRICIA TROMBLY
15. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)

16. (a) Informant MRS. R. J. HARRIS
(b) Address 6927 SUTHERLAND
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM
18. (a) Signature of funeral director M. J. Cleghan
(b) Address 7146 MANCHESTER
19. (a) 11-12-48 (Date received local registrar) (b) Carol A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 12 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 11/4, 1948, to 11/12, 1948; that I last saw him alive on 11/11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death - Gastro intestinal hemorrhage

Due to Acute Lymphatic Leukemia ?

Due to 7 4 a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 C. K. Hamilton (M. D. or other) MD
Address Mo. Theater Bldg Date signed 11/12/48
St. Louis

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG. 22

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

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.