

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAR 8 1949

State File No. **6888**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3663** Registrar's No. **263**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	
d. FULL NAME OF HOSPITAL OR INSTITUTION # 10 CARRSWOLD.		d. STREET ADDRESS (If rural, give location) # 10 Carrswold.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JAMES	b. (Middle) WALTER	c. (Last) HARRIS.	(Month) Jan.	(Day) 26	(Year) 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 2, 1870	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 Hrs. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman of Board.	10b. KIND OF BUSINESS OR INDUSTRY Harris-Langenberg Hat Co.	11. BIRTHPLACE (State or foreign country) Macon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Berry Harris.	13b. MOTHER'S MAIDEN NAME Lucy Cockrell	14. NAME OF HUSBAND OR WIFE Maude Blaine Harris.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-16-6873	17. INFORMANT'S SIGNATURE OR NAME Maude B. Harris.	17. ADDRESS 10 Carrswold, Clayton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 few hrs Several yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Haemorrhage of cerebral artery		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) her had hypertension for 83 a DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 231X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1941, **19** to Jan 26, 1949, **that I last saw the deceased alive on** Jan 26, 1949, **and that death occurred at** 10:20 PM **from the causes and on the date stated above.**

23a. SIGNATURE <i>Oliver Lupton MD</i>	(Degree or title)	23b. ADDRESS <i>St. Louis Mo.</i>	23c. DATE SIGNED <i>1/27/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-28-1949	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 2-2-49	REGISTRAR'S SIGNATURE <i>Theresa Lupton MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons;	ADDRESS 7233 Delmar Blvd; U. City
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 26 1943

Dr. Drew Lutten.
3720 Washington Blvd.
JE 2866

5/120/ Washington / / / / /

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Clarence H. Murray*

Licensed Embalmer No. *4911*

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.