

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

State File No. 32387

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 017 PRIMARY REG. DIST. NO. 0063 Registrar's No. 3154

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Louis</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>10500 Mortimer Lane</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>MARY</u>	b. (Middle)	c. (Last) <u>HARRS</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 9, 1949</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 11, 1860</u>	<b>9. AGE</b> (In years last birthday) <u>89</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 48 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housework</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>at home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Germany</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>America</u>		

<b>13a. FATHER'S NAME</b> <u>August Wolters</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown Wolgast</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Henry Harrs</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Claude Gibson</u>	<b>ADDRESS</b> <u>Overland Mo. 10500 Mortimer Lane</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>30 hrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>		<u>331X</u>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from Sept. 8, 1949, to Sept. 9, 1949, that I last saw the deceased alive on Sept. 9, 1949, and that death occurred at 5:00am., from the causes and on the date stated above.

<b>23. SIGNATURE</b> (Degree or title) <u>Frank A. Gregory, M.D.</u>	<b>23b. ADDRESS</b> <u>601 Brentwood Clayton, Mo.</u>	<b>23c. DATE SIGNED</b> <u>9-9-49</u>
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<b>24. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>Sept. 12, 1949</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Peters Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>9-10-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Hubert R. Hamaker, M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Suedmeyer &amp; Sons</u>	<b>ADDRESS</b> <u>3934 N. 20th St.</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

No. 300  
10-48

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FILED SEP 22 1949

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Neville B. Hoewitter*

Licensed Embalmer No. *3696*

P. O. Address *3934 N 20th St.*

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.