No. 300
10.48

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

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28309
Registrar's No. 7546

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY: O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo
c. LENGTH OF STAY (In this place): 2 DAYS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 18, Mo 2168
d. STREET ADDRESS (If rural, give location): 3327 Virginia Ave. O

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Marion
c. (Last): HARR Harr

4. DATE OF DEATH (Month) (Day) (Year): AUG. 23, 1951

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 28/1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locomotive engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JOHN HARR
13b. MOTHER'S MAIDEN NAME: HANNAH HOFFMAN.
14. NAME OF HUSBAND OR WIFE: HULDA HARR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 703-01-3953
17. INFORMANT'S SIGNATURE OR NAME: MRS. HULDA HARR
ADDRESS: 3327 VIRGINIA. ST. LOUIS Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 38 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

331X

22. *I hereby certify that I attended the deceased from* 8/22, 1951, *to* 8/23, 1951, *that I last saw the deceased alive on* 8/23, 1951 *and that death occurred at* 11 40 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: W P Elmer (Degree or title) MD
23b. ADDRESS: 111 Park Hospital
23c. DATE SIGNED: 8/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL.
24b. DATE: AUG. 27-51
24c. NAME OF CEMETERY OR CREMATORY: PARK LAWN CEM.
24d. LOCATION (City, town, or county) (State): LEMAY Mo.

DATE REC'D BY LOCAL REG.: AUG 25 1951
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: HEILIGTAG FUNERAL HOME
ADDRESS: KIMMSWICK Mo
W 84.

(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~~ .....

working under my personal supervision.

Student Embalmer No.....

Signed Arthur W. Heiligtag

Signed.....
Student Embalmer

Licensed Embalmer No. 3892

P. O. Address Kinnswick 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.