

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1219**

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. LENGTH OF STAY (in this place) DOA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 4452		d. STREET ADDRESS (If rural, give location) 120 Linden Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				4. DATE OF DEATH (Month) (Day) (Year) May 14, 1956			
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE			b. (Middle)		c. (Last) HARRIS		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 16, 1886	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 4		IF UNDER 24 HRS. Days 28			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Monroe City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ? Baklas			13b. MOTHER'S MAIDEN NAME Catherine Baur			14. NAME OF HUSBAND OR WIFE Rufus C. Harris, M.D.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Blankemeier, 440 W. Madison, Kirkwood			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 10 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis chronic DUE TO (c) over exertion against advice				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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-4 , 19 56 , to 5-14 , 19 56 that I last saw the deceased alive on 5-11 , 19 56 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. W. Wenzel, M.D.				23b. ADDRESS 832 N. Broadway		23c. DATE SIGNED 5-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/17/56		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. 5-16-56		REGISTRAR'S SIGNATURE Herbert R. Dombek		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Popp, Inc. Kirkwood Mo.			

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.

Signed Felix Hurand

Student
Student Embalmer

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.

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Felix Hurand