

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

27607

Do not use this space.

Registered No. 7621

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Missouri (d) Street No. 3300 S. Broadway St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer P. Harlan

(a) Residence, No. 3300 S. Broadway St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Harlan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24th, 1885

7. AGE YEARS 53 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tavern Owner
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Ed Harlan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Anna Wilkerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mabel Harlan
(ADDRESS) 3300 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE August 27, 1938

19. FUNERAL DIRECTOR (NAME) William C. Moydell
(ADDRESS) 1926 Allen Avenue

20. FILED AUG 27 1938 J. E. Bueck Local Registrar

NOTIFICATION OF ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....
The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poison, self administered at his home 3300 S. Broadway, on August 25th, 1938, at about 11:00 A.M.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 8/25/38
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In Home

Manner of injury..... See Above

Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....
(Signed) Alfred J. Perry No. 4

(Address) Deputy Coroner

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.