

FILED JAN 22 1948 318

Primary Registration District No. 1003

State File No. Registrar's No. 320

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

1. PLACE OF DEATH:  
(a) County, St. Louis  
(b) City or town, St. Louis  
(c) Name of hospital or institution, St. Luke Hospital  
(d) Length of stay: In hospital or institution, 4 da  
In this community, 4 da

2. USUAL RESIDENCE OF DECEASED:  
(a) State, Ill (b) County, Monroe  
(c) City or town, Columbia  
(d) Street No., N.R.  
(e) Citizen of foreign country? 2

3. (a) PRINT FULL NAME, Harriet Aern  
3. (b) If veteran, name war, no  
3. (c) Social Security No., no

4. Sex, female 5. Color or race, white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife, Hern  
6. (c) Age of husband or wife if alive, 69 years  
7. Birth date of deceased, Dec 31 1881

8. AGE: Years 66 Months 0 Day 6

9. Birthplace, Pa. deo Roacher Ill

10. Usual occupation, housewife

11. Industry or business, own home

12. Name, Bell

13. Birthplace, Pa. deo Roacher Ill

14. Maiden name, Harriet L. Quarter

15. Birthplace, Pa. deo Roacher Ill

16. (a) Informant, John Hern  
(b) Address, Columbia Ill

17. (a) Burial, cremation, or removal, Burial  
(b) Date thereof, Jan 10, 1948  
(c) Place: burial or cremation, Paul

18. (a) Signature of funeral director, Josephine Schmidt  
(b) Address, Columbia Ill

19. (a) Date received, JAN 12 1948  
(b) Registrar's signature, J. F. Bruck

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month, January, day, 7, year, 1948, hour, 3, minute, 20 A.M.

21. I hereby certify that I attended the deceased from, January 4, 1948 to, January 7, 1948 that I last saw her alive on, January 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death, Intestinal Obstruction

Due to, Umbilical Hernia

Due to, MI

Other conditions, MI  
(Include pregnant within 3 months of death)

Major findings, Myocardial Infarction, old.

Of autopsy, Coroner's Inquest  
Expired During Surgery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

33. Signature, Ronald Weir (M. D. or other) 0  
Address, 1755 So Grand Date signed, Jan 7, 48

Duration  
PHYSICIAN  
Underline the cause of which death should be charged statistically.