

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

30958

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4809^e, Mountain St. Ward)

File No.....
Registered No. : 7628
St. Ward

2. FULL NAME

Harris Shapiro
(a) Residence, No. 4809A Fontaine St. IV Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Hannie Shapiro
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ab 68

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail
10. Date deceased last worked at this occupation (month and year) Retired 11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kornia Russia

13. NAME Samuel S. Shapiro

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

15. MAIDEN NAME Uena (unk)

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

17. INFORMANT Mrs. Dean Niesman (ADDRESS) 4809 Fontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE Beth Ham Hag DATE Sept 4, 1933

19. UNDERTAKER A. B. Berger (ADDRESS) 4715 M. G. B. Bldg.

20. FILED SFP - 3 14 33 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. - 31 1933, to Sept. 3 1933
I last saw him alive on Sept. 3 1933 Death is said to have occurred on the date stated above, at 2:10 P.M.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus 1929
Valvular Disease of Heart 1933
Other contributory causes of importance:

Name of operation none Date of.....
What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

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

If so, specify.....
(Address) 2500 W. Broadway St. St. Louis, Mo.

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 important. **WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD**

OCT 20 1933

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