WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 38220

Township ..... Primary Registration District No. 1003 Registered No. 9859

City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Dora Harscowitz

(a) Residence, No. 5739 Westminster St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
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: Michael Herscowitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known

7. AGE: about 56 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, 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): Romania

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Romania

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Romania

17. INFORMANT (ADDRESS): Abe Wanick 5768 Westminster

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 11-16 1933

19. UNDERTAKER (ADDRESS): H. Rindskopf 5216 Delmar

20. FILED NOV 15 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/14 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/13, 1933, to 11/14, 1933

I last saw her alive on 11/14, 1933. Death is said to have occurred on the date stated above, at 12 33 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, cerebral (left ventricle)	
Arteriosclerosis	

Other contributory causes of importance:
Cholecystitis
Cholelithiasis

Name of operation None Date of None

What test confirmed diagnosis? Ex. puncture Was there an autopsy? Yes

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?
If so, specify

(Signed) Harry Agress, M. D.
(Address) Jewish Hospital, St. Louis