

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.....
Township.....
City St. Louis

Registration District No.....
Primary Registration District No. 791
(No. Jewish Hosp.)

791
1003

File No.....
Registered No. 6147
St. Ward)

24717

2. FULL NAME

(a) Residence, No. 3724 Olive St., 19 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Salma Strimmel Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>-</u>	DAYS <u>-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		If LESS than 1 day,hrs. ormin.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dry Goods</u>		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1935, to 7-17, 1935

I last saw him alive on 7-17, 1935 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Heart Disease
Coronary Occlusion
Pulmonary Emphysema

Date of onset

Other contributory causes of importance:
94b

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

13. NAME Not Known

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

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Mrs. Strimmel Harris
3724 Olive St.

18. BURIAL, CREMATION, OR REMOVAL PLACE B. Nat. Cemeter DATE 7-18 1935

19. UNDERTAKER (ADDRESS) H. J. Beeger
4715 N. Jefferson

20. FILE NO. 18 1935 Registrar J. Bredeck

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Isadore C. Millman, M.D.
(Address) Jewish Hosp. of St. Louis

