

NOV 4 1936

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

Do not use this space.

39518

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 1008)

Registration District No. 791
Primary Registration District No. 1008
Jewish Hospital

File No.....
Registered No. 10559
St. Ward)

2. FULL NAME Harris, Mr. Louis K.

(a) Residence, No. 7325 a Lindell St., NR Ward. University City
(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 Nettie Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>60</u>	<u>3</u>	<u>10</u>	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale

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) Germany

FATHER 13. NAME Sol Harris

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

MOTHER 15. MAIDEN NAME Lena (unk)

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

17. INFORMANT Ted Harris (ADDRESS) 7325 a Lindell

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai DATE 10/21/36 19.

19. UNDERTAKER H. B. Berger (ADDRESS) 4715 m^o 1/2 person

20. FILED 21 1936 19. J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20 19 36

22. I HEREBY CERTIFY, That I attended deceased from 9-24 19 36 to 10-20 19 36

I last saw him alive on 10-19 19 36 Death is said to have occurred on the date stated above, at 8:00A.M.

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

Carcinoma of rectosigmoid Date of onset: Un known

Other contributory causes of importance: 46
Operative shock

Name of operation Resection of rectosigmoid Date of 10-19-36
What test confirmed diagnosis? Microscopic 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? No
If so, specify.....

(Signed) Edna Finchet, M. D.
(Address) 400 Metropolitan Bldg.

