

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2661

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jeannin Sanatorium of St. Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limit, write "RURAL")

(d) Street No. 1390 Clara Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME Jack Harrison

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1944 hour 9 minute 20 p.m.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Beckie S. Harrison

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 28 1944, to December 28 1944; that I last saw him alive on December 28 1944; and that death occurred on the date and hour stated above.

8. AGE

Years	Months	Days	If less than one day
<u>Abt. 70</u>			hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage

Due to arterio-sclerosis general with hypertension

Due to _____

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker Russia

11. Industry or business _____

12. Name Berthon Harrison

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Manovich

15. Birthplace Russia
(City, town, or county) (State or foreign country)

Other conditions g3 a1
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Beckie Harrison

(b) Address 1390 Clara

17. (a) Rural (b) Date thereof 12-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherokh Kadisha

18. (a) Signature of funeral director [Signature]

(b) Address 4469 Washington

19. (a) DEC 29 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature [Signature] (M. D. or other) U

Address Jeannin Sanatorium Date signed _____

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

096
00

10

4732 - Torsyth

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

A. G. Cheshandle

Licensed Embalmer No. 3669

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.