

FILED FEB 1 1943  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community..... 57 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1362a Goodfellow  
(If rural, give location)  
Registered Alien  
 (e) Citizen of foreign country?..... 0 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Rebecca Harris  
 3. (b) If veteran, name war..... No  
 3. (c) Social Security No. No

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife..... Harry Harris  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... (unknown)  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ab. 72 hr. min.

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

10. Usual occupation..... at home

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... 9  
(City, town, or county) (State or foreign country)

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

16. (a) Informant..... Max Harris

(b) Address..... 1362a Goodfellow

17. (a) burial (b) Date thereof..... 1/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Chesed Shel Emeth

18. (a) Signature of funeral director..... Berger Memorial

(b) Address..... 4715 McPherson

19. (a) JAN 21 1943 (b) J. F. Prudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
 year 1943 hour 10 minute 45 P.M.  
 21. I hereby certify that I attended the deceased from Jan 20  
 1943 to Jan 20 1943  
 that I last saw her alive on 1/20/43, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... CACHEXIA Duration 1 month

Due to..... Semility  
 Due to.....

Other conditions..... Gen. arteriosclerosis  
(Include pregnancy within 3 months of death)  
nutritional Edema

Major findings:  
 Of operations..... Decided had been  
 Of autopsy..... a chronic patient of Jewish Hospital for years  
 Underline the cause to which death should be charged statistically.

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?

While at work?..... (Specify type of place)  
 (e) Means of injury.....

23. Signature..... W. Rindke (M. D. or other) MD  
 Address..... 216 S Kingshighway Date signed..... 1/21/43

**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.....



Licensed Embalmer No.....1597

P. O. Address.....*8715 Webster*

**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, fact should be so stated above.**