

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town rural airport township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/17/43 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 9

(c) City or town rural airport township (If outside city or town limits, write "RURAL")
University City

(d) Street No. 6310 Calmarne (If rural, give location)
City

(e) Citizen of foreign country? (Yes or No) /

If yes, name country _____

3. (a) PRINT FULL NAME Louis Harris

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 40 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from 11/25/46 to 11/25/46 that I last saw him alive on 11/25/46 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w.

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

6. (b) Name of husband or wife Late. Fannie Harris

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: March 14 1873
(Month) (Day) (Year)

Immediate cause of death Stroke

Duration _____

8. AGE: Years 72 Months 8 Days 10 If less than one day hr. _____ min. _____

Due to hypertensive, glomerulonephritis Heart disease

Due to 93h

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation rentman without property watchman

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant hospital record Sidney Harris

(b) Address 6425 Cattel

17. (a) BURIAL (b) Date thereof 11-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church of the Holy Trinity

18. (a) Signature of funeral director Wendell E. ...

(b) Address 4469 Washington Blvd.

19. (a) 12-2-46 (b) Arthur ...
(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? _____

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

23. Signature Arthur ... (M. D. or other) _____

Address JEWISH SANATORIUM Date signed 11/29/46

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

John Keller

Licensed Embalmer No. *3880*

P. O. Address

St. Louis Mo

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.