U.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10852

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 824

4006

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (In this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1026A Leona

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 4326
d. STREET ADDRESS (If rural, give location): 1026A Leona 0

3. NAME OF DECEASED (Type or Print)
a. (First): Harris
b. (Middle):
c. (Last): Tash

4. DATE OF DEATH (Month) (Day) (Year): Mar 29 1951

5. SEX: Male (1)
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov 5, 1887
9. AGE (In years last birthday): 63 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Maker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Repair Store
11. BIRTHPLACE (State or foreign country): Poland 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Hyman Tash
13b. MOTHER'S MAIDEN NAME: Bessie Wolff
14. NAME OF HUSBAND OR WIFE: Freda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Harris Tash 1026A Leona

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thromboses — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 2 yrs
DUE TO (c): General arterio. Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 420.1
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 10, 1948, *to* March 29, 1951, *that I last saw the deceased alive on* March 28, 1951, *and that death occurred at* 2:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ham Tarrasch O M.D.
23b. ADDRESS: 634 N. Grand Blvd
23c. DATE SIGNED: 3.29.51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/30/51
24c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State): University City Mo

DATE REC'D BY LOCAL REG.: 3/30/51
REGISTRAR'S SIGNATURE: Herbert A. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Bergen Memorial 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4529

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, fact should be so stated above.