

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28313

FILED SEP 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2405

1. PLACE OF DEATH  
a. COUNTY 0  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MO. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)  
ST. LOUIS  
c. CITY (If outside corporate limits, write RURAL and give township)  
TOWN ST. LOUIS 2069

d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.  
d. STREET ADDRESS (If rural, give location)  
5762 Kennel 0

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last)  
SARAH SIMA HARRIS  
4. DATE OF DEATH (Month) (Day) (Year)  
Aug. 19, 1951

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED  
8. DATE OF BIRTH UNK 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.  
68-73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT Home  
10b. KIND OF BUSINESS OR INDUSTRY -  
11. BIRTHPLACE (State or foreign country) USSR U  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jos. Sobel  
13b. MOTHER'S MAIDEN NAME Lena Kovinsky  
14. NAME OF HUSBAND OR WIFE HANNAK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. NONE  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
MRS E. WEISMAN 5762 Kennel

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CORONARY ARTERY HEART DISEASE  
INTERVAL BETWEEN ONSET AND DEATH 1 year +

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY ARTERIOSCLEROSIS

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

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
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) (Min.)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from MAY 19, 1950, to Aug 19, 1951, that I last saw the deceased alive on AUG 19, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald Feldman, M.D.  
23b. ADDRESS 539 N. Grand  
23c. DATE SIGNED 8/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  
24b. DATE 8/21/51  
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. AUG 20 1951  
REGISTRAR'S SIGNATURE Pearl Smith M.D.  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
BERGR Memorial 415 Michigan

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: \_\_\_\_\_

*Quis J. Quiring*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4869

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.