

No. 300  
10. 48

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35241

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8423**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>2 WKS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City 4376</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McMillian Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>8020 Cornell</b>	

3. NAME OF DECEASED (Type or Print) <b>HARRY</b> a. (First) <b>KAHAN</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 22, 1951</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Married</b>	8. DATE OF BIRTH <b>May 12, 1894</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Film Delivery</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Movie</b>	11. BIRTHPLACE (State or foreign country) <b>Lithuania</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Jacob Kahan</b>	13b. MOTHER'S MAIDEN NAME <b>Eva rubinstein</b>	14. NAME OF HUSBAND OR WIFE <b>Rose</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Meyer Kahan</b>	ADDRESS <b>8027 Cornell</b>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>External Hemorrhage due to laceration of neck; suffered when deceased slashed self with knife in room # 416 McMillian Hospital about 12:45 pm, Sept 22, 1951 while suffering a mental aberration.</b>	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>	
	II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Suicide</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 22 5:12<sup>45</sup> p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E977X</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. E. TAYLOR</b> (Degree or title) <b>3rd Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>9/23/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/25/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>	24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>
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DATE REC'D BY LOCAL REG. <b>SEP 24 1951</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>	ADDRESS <b>4715 McPherson</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Lewis L Ludwig*  
.....  
Licensed Embalmer No. *4229*

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.