

STANDARD CERTIFICATE OF DEATH

State File No. **10048**  
**2088**

FILED MAR 24 1952

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

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>                                       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>14 Washington Terrace</b>                  |  | d. STREET ADDRESS (If rural, give location)<br><b>14 Washington Terrace</b>  |  |

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|---|-------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>MARCUS</b><br>b. (Middle)<br>c. (Last) <b>HARRIS</b> |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Mar. 3, 1952</b>             |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH <b>Aug. 5, 1866</b>                                   |
| 9. AGE (In years last birthday) <b>85</b>   |                               | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>27</b>                        | IF UNDER 24 HRS.<br>Hours <b>0</b> Min.                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)               |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Woolen &amp; Fur Co.</b>         | 11. BIRTHPLACE (State or foreign country)<br><b>Hannibal, Missouri</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                               |  |  |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><b>Gustave Harris</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>Yetta Meyer</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Edith A. Harris</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>491-12-8663</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Laura May Isaacson-14 Washington Terrace</b> |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis (chron) and heart block</b>   |  | <b>10 yrs</b>                    |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Senility</b>   |   |  |                                  |

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|--|--|---|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>H22.2</b>  |

22. I hereby certify that I attended the deceased from **From past 10 yrs** to **3/3/52**, 19\_\_\_\_, that I last saw the deceased alive on **3/3/52**, 19\_\_\_\_, and that death occurred at **10:00 P** m., from the causes and on the date stated above.

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|--|--|---|
| 23a. SIGNATURE<br><b>P. D. Stahl MD</b>                    | 23b. ADDRESS<br><b>462 N. Taylor Ave</b> | 23c. DATE SIGNED<br><b>3/4/52</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>3/5/52</b>               | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Sinai Cemetery</b>               |
|  |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG.<br><b>MAR 4 1952</b> | REGISTRAR'S SIGNATURE<br><b>Carl Smith MD</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Harman Rudekoff, Inc - 5216 Selmer</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 *Peter B. Dubouillet* .....

Licensed Embalmer No. *3691* .....

P. O. Address *Richmond Heights, 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.