

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27789

State File No.

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 899

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Buchanan</u>		a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chicago</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2 days</u>		d. STREET ADDRESS (If rural, give location) <u>4180 Marine Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hotel Robidoux Hotel R.#611</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Martin</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Harris</u>	<u>August 16th, 1953</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Jewish</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married-</u>	8. DATE OF BIRTH <u>August 9th-1900</u>	9. AGE (In years last birthday) <u>53 Yrs</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturers - Representative</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Oxford Metal DUSTRY Company.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ben Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Kornbleat</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Esther Harris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No none</u>	16. SOCIAL SECURITY NO. <u>488-22-6830</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Harris, 4180 Marine Drive, Chicago, Ill.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Diabetes Mellitus 2 yrs</u> DUE TO (c) <u>man died while alone in his hotel room, He has a history of Chronic heart disease, and Diabetes</u>		
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		20. AUTOPSY? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from on 8/16, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H F Mundy M.D. (Coroner)</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>8/16/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)	24b. DATE <u>August 18-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shaare Sholem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 20, 1953</u>	REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer Fleeman</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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

Raymond H. Archer

Licensed Embalmer No. _____

4413

P. O. Address St. Joseph, Missouri

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.