

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2778

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (In this place) 1 week		c. CITY OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Jewish Hospital of St. Louis		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 14		f. (If rural, give location) 27 7199 White Oak	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle)	c. (Last) Harris	4. DATE OF DEATH (Month) (Day) (Year)	Jan. 4 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1911	9. AGE (In years last birthday) 45 yrs.	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) Saleswoman	10b. KIND OF BUSINESS OR INDUSTRY Retail Womens Wear	11. BIRTHPLACE (City and State or Foreign Country) Poland	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Max Elbein	13b. MOTHER'S MAIDEN NAME Esther Harris	14. NAME OF HUSBAND OR WIFE Oscar Harris (husband)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME Oscar Harris, 7199 White Oak
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION

18. CAUSE OF DEATH		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Upper gastrointestinal hemorrhage		24 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ulcer of gastric cardia or varices		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 1-4-57	19b. MAJOR FINDINGS OF OPERATION Hemorrhage from cardioesophageal ring 578X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28, 1956, to 1-4, 1957, that I last saw the deceased alive on 1-4, 1957, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE Mortond Pereira M.D.	(Degree or title)	23b. ADDRESS 216 S. Kingshighway	23c. DATE SIGNED 1-4-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	24b. DATE 1-6-57	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. JAN 4 1957	REGISTRAR'S SIGNATURE Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial, 4715 McPherson	ADDRESS ✓
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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 Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *A. A. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.