

STANDARD CERTIFICATE OF DEATH

45889
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11427

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

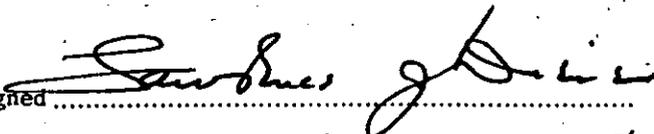
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location) 27 717 Interdrive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HARRY A. HARRIS			4. DATE OF DEATH Month Day Year Nov. 27, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 22, 1906	9. AGE (In years last birthday) 51	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) Dress Cutter		10b. KIND OF BUSINESS OR INDUSTRY Garm. Manf.	11. BIRTHPLACE (City and state or country) Poland	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Harris		13b. MOTHER'S MAIDEN NAME Nessa Moldovan		14. NAME OF HUSBAND OR WIFE Mildred	
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. Unk.	17. INFORMANT Mildred Harris 717 Interdrive		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage (Surgical) DUE TO (b) Mitral Stenosis; DUE TO (c) 410x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) during operation for Mitral Stenosis				
20c. TIME OF INJURY Hour Month, Day, Year 11 27 57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12 Hosp				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St Louis		COUNTY Mo		STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:56A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Patrick Taylor Carver			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem		23b. DATE 11/29/57	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		23d. LOCATION (City, town, or county) (State) University City, Mo.
24. FUNERAL DIRECTOR Berger Memorial 4715 Madison		ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 29 57	26. REGISTRAR'S SIGNATURE J Carl Smith mo mjs	

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 

Licensed Embalmer No. 3988
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.