

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

18118

**1. PLACE OF DEATH**

County..... Registration District No. 797  
Township..... Primary Registration District No. 9002  
City St. Louis Mo (No. Jewish Hospital) St. .... Ward)

File No. ....  
Registered No. 4324

**2. FULL NAME**

Harris Singer  
(a) Residence, No. 1438<sup>2</sup> Burd Oak St., 6 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Singer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 68 — —  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale junk Merchant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buying Junk  
10. Date deceased last worked at this occupation (month and year) May 15 1933 Total time (years) spent in this occupation 38 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia  
13. NAME Jacob Singer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia  
17. INFORMANT The Singer (ADDRESS) 6040 Burd Oak  
18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill Mt. St. DATE May 17 - 1933  
19. UNDERTAKER Oren Handler (ADDRESS) 4469 W. ...  
20. FILED MAY 17 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17, 1933  
22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to May 17, 1933  
I last saw him alive on May 17, 1933 Death is said to have occurred on the date stated above, at 2:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Hemorrhage of brain  
Cerebral ~~artery~~  
Hypostatic Pneumonia  
Date of onset

Other contributory causes of importance:  
III @ JWA

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify Cerebral (Signed) Jewish Hospital M. D.  
(Address) Jewish Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE LABEL WITH IMPRINTING MARKS—THIS IS A PERMANENT RECORD

178  
23  
25  
25

