

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

Do not use this space.

10184

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis mo.* (No. *Jewish Hospital*)..... St. *2203* Ward.....

File No.....
Registered No. *2203*
St. *2203* Ward.....

2. FULL NAME

Harry Schraier
(a) Residence, No. *1225^e Walton Ave.*, *12* Ward..... (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *1 1/2* yrs. *7* mos. *21* ds. How long in U. S., if of foreign birth? *16* yrs. *7* mos. *21* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 15-1915</i>		
7. AGE YEARS <i>16</i>	MONTHS <i>7</i>	DAYS <i>21</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>School Boy</i>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, mo.</i>		
13. NAME <i>Morris Schraier</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Romania</i>		
15. MAIDEN NAME <i>Fannie Solomon</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Romania</i>		
17. INFORMANT <i>Morris Schraier</i> (ADDRESS) <i>1225^e Walton Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cherub Kadish</i> DATE <i>March 7, 1932</i>		
19. UNDERTAKER <i>Greenhandler</i> (ADDRESS) <i>4622 Easton Ave.</i>		
20. FILED <i>7 13 32</i> <i>Miss O. Storker</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-6*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *3-6*, 19*32*, to *3-6*, 19*32*.
I last saw him alive on *3-6*, 19*32*. Death is said to have occurred on the date stated above, at *9:25 pm*.
The principal cause of death and related causes of importance were as follows:
Acute Streptococcus
Scarlet fever
non diphtheritic
Stasis lymphaticus
Other contributory causes of importance:
115A

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

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.....
(Signed) *L. E. Friedman*, M. D.
(Address) *Jewish Hospital*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

