

Do not use this space.

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

JUN 5 1936

791
1003

20698

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis Mo* (No. *St. Louis Hospitals*)

File No.....
Registered No. *4880*
St..... Ward)

2. FULL NAME

Jennie Schneiderman
(a) Residence No. *1516 Biddle* St., *25* 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? *40* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
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.
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
House work
Her self

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*
13. NAME *Pinchas Buch*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*
15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*

17. INFORMANT (ADDRESS) *Mrs. Bessie Rader Webster*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Shed Shel Muth* DATE *May 5 1936*

19. UNDERTAKER (ADDRESS) *Oxenhands Funeral By Test 4767 Washington Blvd*

20. FILE *MAY 4 1936* *J. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 4 1936*

22. I HEREBY CERTIFY, That I attended deceased from *April 9 1936*, to *May 4 1936*
I last saw him/her alive on *May 4 1936* Death is said to have occurred on the date stated above, at *9 a. m.*

The principal cause of death and related causes of importance were as follows:
Arterio Sclerotic Heart Disease Date of onset *6 mos.*

Other contributory causes of importance
Diabetes Mellitus ?

Name of operation *0* Date of.....
What test confirmed diagnosis? *Clinical* Was there an autopsy? *A*

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? *No*
If so, specify.....

(Signed) *Arthur E. Straub* M. D.
(Address) *607 N. Grand Ave*

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.

