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.

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8393

Township ..... Primary Registration District No. 1003 Registered No. 1844

City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Mariam Schuman

(a) Residence, No. 1390 Shawmut St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: David M. Schuman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unk

7. AGE: YEARS ab 72 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Volhynia Poland

FATHER

13. NAME: Hyman David Kopit

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER

15. MAIDEN NAME: Rebecca (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT (ADDRESS): Mrs. Sarah Bogdanov 1390 Shawmut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE Feb. 12 1937

19. UNDERTAKER (ADDRESS): H. G. Berger 4715 McPherson

20. FILED FEB 12 1937 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to Feb 11, 1937

I last saw her alive on Feb 11, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	7/7/37
Other contributory causes of importance:	
Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? no

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) J. Stolar, M. D.

(Address) 508 N. Grand

899