

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32995
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township St. Louis
 (c) City St. Louis
 (d) Street No. 791 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Schorr

(a) Residence, No. 5468 Vernon St. 5
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Schorr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8-1885

7. AGE YEARS 52 MONTHS 8 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as saw mill, bank, etc. & Decorater
 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) Romania

13. NAME Wolff Schorr Romania

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

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Romania

17. INFORMANT (ADDRESS) Ida Schorr
5868 Vernan

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emet 9-29-1937

19. FUNERAL DIRECTOR (ADDRESS) H. Rindskopf
5216 Delmar

20. FILE SEP 28 1937 J. F. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/10 1937 to 9/27 1937

I last saw him alive on 9/27 1937. Death is said to have occurred on the date stated above, at 5:20 A. m.

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

Coronary Thrombosis
TERMINAL BRONCHO-PNEUMONIA
 Date of onset 9/27/37

Other contributory causes of importance: 9/27/37

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) J. C. Muller, M. D.
 (Address) 1017 Ma. Throat Bldg

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.

501 X 121004

20-37

22-29-463

001141937

STATEMENT BY LICENSED EMBALMER

I, Herman Rindskopf, Licensed Embalmer No. 3207

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Herman Rindskopf

Licensed Embalmer No. 3207

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.)