DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4314

Registration District No. 19

Primary Registration District No. 1003

Registrar's No. 1144

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5570a CoteBrilliante 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5570a Cote Brilliante
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME 56 Mollie Schnurman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Frank Schnurman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 15, 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	6	18	hr. min.

9. Birthplace Kamanetz Podolsk U.S.S.R.
(City, town, or county) (State or foreign country)

10. Usual occupation at home 7

11. Industry or business 7

FATHER
12. Name Morris Fishkop 7
13. Birthplace U.S.S.R. 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Papek
15. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Vora Schnurman
(b) Address 5570a Cote Brilliante

17. (a) burial (b) Date thereof 2/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ChesedShelEmeth

18. (a) Signature of funeral director H.B.Berger
(b) Address 4715 McPherson

19. (a) FEB 5 1940 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd
year 1940 hour 8 minute 00 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Skull suffered when deceased fell from Wooden after home 5570 Cote Brilliante Ave to sidewalk below about Feb 3 1940 about

Due to 7:30 PM

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186
18
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence Feb 3 1940
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? No (e) Means of injury fall

23. Signature Joseph M. Lewis (M. D. or other)
Address Deputy Co. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision. Herbert I. Berger

4715 McPHERSON AVE.

ST. LOUIS, MO.

Signed.....

Licensed Embalmer No. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.