

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9252
Registrar's No. 2735

Registration District No. 791 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Journal Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4723 W Vernon
(If rural, give location)
(e) If foreign born, how long in U. S. A. 40 years.

3. (a) PRINT FULL NAME SAM SCHRIBER Schredman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Schreiber 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years abt 73 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Junk

12. Name Melvin Schreiber

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Cukrov

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Schreiber

(b) Address 4723 W Vernon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-40
(Month) (Day) (Year)

(c) Place: burial or cremation Central Natasha

18. (a) Signature of funeral director Orphanhandler

(b) Address 4410 G Washington

19. (a) MAR 24 1940 (Date received local registrar) (b) J. B. ... (Embalmer's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 23
year 40 hour 10 minute 45 AM

21. I hereby certify that I attended the deceased from 3-18
_____, 1940, to 3-24, 1940;
that I last saw him alive on 3-24, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Coronary Occlusion

Due to Arteriosclerosis (general)

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations 05
Of autopsy _____

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

23. Signature E. G. Berger (M. D. or other) _____
Address 216 S. Kings Highway Date signed 3-23-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 _____

myself
working under my personal supervision.

_____, Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. *3669*

P. O. Address _____

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.)

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