

BUREAU OF THE CENSUS  
FILED MAY 13 1940

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3069

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: Jewish Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community 29 years 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. 1481 Blackstone  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 29 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31  
year 1940 hour 3:45 minute 7am

21. I hereby certify that I attended the deceased from 3/26/40  
19\_\_\_\_ to 3/31/40 19\_\_\_\_  
that I last saw him alive on 3/31/40 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Anemia  
Cardiac de compensation week?

Due to Arteriosclerosis & hypertensive Cardio-vascular disease years

Due to Anemia  
Anemia caused by arteriosclerosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 95

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(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?  
844 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L.M. Kotan, M.D. (M.D. or other)  
Address Jewish Hosp. Date signed 3/31/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8. (a) PRINT FULL NAME Isaac Schneider 53+

8. (b) If veteran, name war No 8. (c) Social Security No. Yes

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

6. (b) Name of husband or wife Schneider 6. (c) Age of husband or wife if alive unk years

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

8. AGE: Years 63 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr \_\_\_\_\_ min.

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

10. Usual occupation Tailor 7

11. Industry or business menep 7

12. Name Lezer Schneider 7

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

14. Maiden name Miriam

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

16. (a) Informant Harry Schneider

(b) Address 1481 Blackstone

17. (a) Burial (b) Date thereof Apr. 1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevrak Hadicha

18. (a) Signature of funeral director O. Fendler

(b) Address 4469 Washington

19. (a) APR 1 1940 (Date received local registrar)  
J.P. Brader (Registrar's signature)

**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, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed W. B. Genhard  
Licensed Embalmer No. 3664  
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.**