No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23906 Rosenberg

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6248

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: 4503 Page
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096 2 3

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

(d) Street No. 6408 Alamo NR
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Mary Schneider

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased June 28, 1916
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
25	1	1	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Abraham Schneider
13. Birthplace Mohilev U.S.S.R 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Appelman
15. Birthplace Mohilev U. S. S. R. 8
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Schneider
(b) Address 7036 Stanford

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/30/41
(Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

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

19. (a) JUL 30 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29-1941
year 1941 hour 11 a.m. minute M.

21. I hereby certify that I attended the deceased from July 28-1941, 19, to July 29, 1941;
that I last saw her alive on July 29, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	immediate
Due to acute myocarditis	2 days
neurosis	chronic
Due to Psychopathic condition	chronic
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Henry E Rosenberg (M. D. ~~or other~~) MD
Address 4503 Page Date signed 7/29/41

(Licensed Embalmer's Statement on Reverse Side)

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.

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.