

FILED MAY 28 1942 91
Registration District No. _____

Primary Registration District No. **1003**

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4373 West Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 yrs /**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** **96**
(If outside city or town limits, write "RURAL")
(d) Street No. **5540 Wells**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Leah Scheer**

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 **married**
6. (b) Name of husband or wife **Ephraim Scheer** 6. (c) Age of husband or wife if alive **(unk)** years
7. Birth date of deceased **Jan 15 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 3 29 hr. min.

9. Birthplace **Kaunas Lithuania**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER { 12. Name **Echeal Levi Sholomoff**
13. Birthplace **Lithuania**
(City, town, or county) (State or foreign country)
14. Maiden name **Birdie Minnie (unk)**
15. Birthplace **Lithuania**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. Scheer**
(b) Address **5540 Wells**

17. (a) **burial** (b) Date thereof **5/15/42**
(Burial, cremation, or removal) (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) **MAY 1 1942** (b) **J. F. Medel**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **1942** hour **12** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **March 10** 19**42** to **May 14** 19**42**
that I last saw **her** alive on **May 14** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

abdominal carcinoma ab 6 mos

Due to _____

Due to _____

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? _____

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

23. Signature **Henry Rosenfeld** (M. D. or other) **D. D.**

Address **3903 Olive** Date signed **May 14 1942**

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

No embalming
W. Berg

Licensed Embalmer No. 1597

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, fact should be so stated above.