

V. S. No. 2  
 FORM—2-43  
 Rev. 5-17-39  
 X 35697

27063

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. **7560**

DEAD AUG 30 1943

1818

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**Jewish Hosp**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5733 Westminster**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Pauline Schoen**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **488-10-8974**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**  
 6. (b) Name of husband or wife **George Schoen** 6. (c) Age of husband or wife if alive, (unk) years  
 7. Birth date of deceased **August 1st 1889**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **0** Days **21** If less than one day \_\_\_\_\_  
hr. min.

9. Birthplace **Belleville Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Sales**

11. Industry or business **Ladies wear retail (1942)**

MOTHER FATHER

12. Name **Samuel Tobias**  
 13. Birthplace **Mobile Alabama**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Sophie Schreiber**  
 15. Birthplace **Quitman Mississippi**  
(City, town, or county) (State or foreign country)

16. (a) Informant **H. I. Berger**  
 (b) Address **4715 McPherson**

17. (a) **burial** (b) Date thereof **8/24/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Mt. Sinai**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson**

19. (a) **AUG 23 1943** (b) **J. F. Brebeck**  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **August** day **22<sup>nd</sup>**  
 year **1943** hour **3** minute **30 P. M.**  
 21. I hereby certify that I attended the deceased from **August 15<sup>th</sup> 1943** to **August 22<sup>nd</sup> 1943**  
 that I last saw her alive on **August 22<sup>nd</sup> 1943**  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Respiratory failure** Duration **3 1/2 h**  
 Due to **post op condition** **4 days**  
 Due to **Carcinoma of Rectum** **9 mos?**  
 Other conditions **None**  
(Include pregnancy within \_\_\_\_\_ months of death)

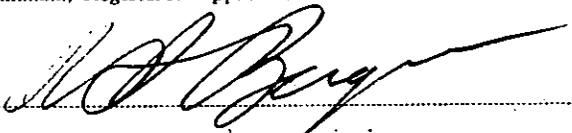
Major findings: **Carcinoma of Rectum** PHYSICIAN \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy **post op condition, but no acute or recent pathology**  
Underline the cause to which death should be charged statistically.

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) (Means of injury)  
 23. Signature **J. E. Grayfield** (M. D. or other) **MD**  
 Address **4500 Olive** Date signed **8/23/43**

**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 with the above constitutes grounds for revocation of license.)**

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