

FILED DEC 28 1945
Registration District No. 367

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether In this community 49 years 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. 5833 Enfight
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SCHEAR, Morris

3. (b) If veteran, name war World I

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Sohear

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August 23 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Grocer

11. Industry or business --

MOTHER FATHER

12. Name Issao Sohear

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

14. Maiden name Minnie Hyatt

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

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 12-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cen.

18. (a) Signature of funeral director _____

(b) Address 5216 Delmar Blvd.

19. (a) 12-17-45 (b) L. D. Mc. Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1945 hour 5:35 minute P. M.

21. I hereby certify that I attended the deceased from December 11, 1945, to December 13, 1945, that I last saw him alive on December 13, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS.

Duration 3 days

~~Next~~ Contributory Cause, 13/15
NEPHRITIS, CHRONIC.

Unknown

Due to --

Other conditions --
(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations No operation

Of autopsy No 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) 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 _____ (Specify type of place)

(e) Means of injury 0

23. Signature E. V. EDWARDS, Lt. Col. (M. D. or other) M.C.
Clinical Director.

Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 12/14/45

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.....

A. P. Burgess

Licensed Embalmer No.....

4029

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.