. No. 2
I—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22183

FILED JUN 26 1946

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5337

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:
2947 Cass Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 207
(If outside city or town limits, write "RURAL")

(d) Street No. 2947 Cass Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SAMUEL SCHUMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ida Schuman

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

7. Birth date of deceased About 1906
(Month) (Day) (Year)

8. AGE: Years ab. 40 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Confectioner

11. Industry or business

FATHER
12. Name Morris Schuman
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Anne Nudelman
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Hyman Schuman
(b) Address 5530 Wabada

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (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) JUN 17, 1946 (Date received local registrar) (b) J. F. Baeseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th
year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 1944, 19 , to June 16, 1946
that I last saw him alive on June 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	4 day
Due to Carcinomia left Thigh	3 yrs.
Due to Generalized Metastases	
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 S S Levin (M. D. or other)
Address 4487 Westminster Date signed 6-17-46

(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. 4629

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.