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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 8 1947
318

1003

3329

Registration District No.

Primary Registration District No.

Registrar's No.

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 Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis ewa
(If outside city or town limits, write "RURAL") 1617

(d) Street No..... 3521 Chippewa
(If rural, give location) 9

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Lillian Schneider

3. (b) If veteran, name war..... None

3. (c) Social Security No..... None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 26
year..... 1947 hour..... 2 minute..... 10 A.M.

21. I hereby certify that I attended the deceased from.....
11/19 1947 to..... 3/26 1947.

That I last saw h..... alive on..... 3/26/47 19.....
and that death occurred on the date and hour stated above.

4. Sex..... Female

5. Color or race..... White

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

6. (b) Name of husband or wife..... Simon C.

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

7. Birth date of deceased..... Dec. 18 1890
(Month) (Day) (Year)

Immediate cause of death.....
Metastatic Carcinoma to lung

Due to..... Primary Carcinoma of rt. breast

Due to..... (Mastectomy 3 yrs ago)

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

Major findings:
Of operations.....

Of autopsy..... metastatic Ca of lungs

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>8</u>	hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business..... Home

12. Name..... Christian Steffen 4

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

14. Maiden name..... Minnie Schweke

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

16. (a) Informant..... Mrs. Mildred Clegg

(b) Address..... 3521 Chippewa

17. (a) Burial (b) Date thereof..... 3/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bethany Cemetery

18. (a) Signature of funeral director..... Proust and Co.

(b) Address..... 3710 N. Grand Blvd.

19. (a) MAR 28 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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..... 0

23. Signature..... A. Schiff (M. D. or other) 94.8

Address..... University Clin Bldg Date signed..... 3/28/47

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

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.....

J. Morris

Licensed Embalmer No..... 3360.....

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.