

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6689
1947

State File No. _____
Registrar's No. _____

FILED MAR 11 1949

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 N. Kingshighway		d. STREET ADDRESS (If rural, give location) 212 N. Kingshighway	

3. NAME OF DECEASED (Type or Print) a. (First) DOLLIE b. (Middle) BERNHEIMER c. (Last) SHOENBERG			4. DATE OF DEATH (Month) (Day) (Year) 2-28-49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Feb. 17, 1860		9. AGE (In years last birthday) 89		10. IF UNDER 1 YEAR Months Days 0 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Buffalo, N. Y.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Elias Bernheimer		13b. MOTHER'S MAIDEN NAME Caroline Heiman	
14. NAME OF HUSBAND OR WIFE Col. Moses Shoenberg		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Sydney M. Shoenberg		18. ADDRESS 22 Portland Pl.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery heart disease ANTECEDENT CAUSES arteriosclerosis general cerebral Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hemiplegia - rt. DUE TO (b) " DUE TO (c) " II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9/4				INTERVAL BETWEEN ONSET AND DEATH Years - " "	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/20/1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1925, to Feb. 28, 1949, that I last saw the deceased alive on Feb. 27, 1949, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE Llewellyn Sale, M.D.		23b. ADDRESS 4500 Olive, St. Louis 8		23c. DATE SIGNED 7/28/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/1/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D BY LOCAL REG. MAR 1 1949		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE Herbert H. ...		ADDRESS 5216 Delmar	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John Ketter

Licensed Embalmer No. *3880*

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.