

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42946

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1003

State File No. ....

Registrar's No. 10102

|                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                             |  |                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                         |  | REG. DIST. NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | PRIMARY REG. DIST. NO. _____                                                                                                                |  | Registrar's No. 10102                                                               |  |
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>St. Louis</b>                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY <b>St. Louis</b> |  |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>                                                                                                                                                                |  | c. LENGTH OF STAY (In this place)<br><b>37 yrs.</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>                                                    |  | d. STREET ADDRESS (If rural, give location)<br><b>5715a Minerva</b>                 |  |
| 3. NAME OF DECEASED<br>a. (First) <b>BEN</b><br>(Type or Print)                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | b. (Middle)                                                                                                                                 |  | c. (Last) <b>SCHRIER</b>                                                            |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Nov. 24, 1949</b>                                                                                                                                                                                           |  | 5. SEX <b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 6. COLOR OR RACE <b>White</b>                                                                                                               |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>            |  |
| 8. DATE OF BIRTH <b>Mar. 3, 1903</b>                                                                                                                                                                                                                    |  | 9. AGE (In years last birthday) <b>46</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | IF UNDER 1 YEAR Months Days                                                                                                                 |  | IF UNDER 4 HRS. Hours Min.                                                          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>hat blocker</b>                                                                                                                                       |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Millinery</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. BIRTHPLACE (State or foreign country)<br><b>Russia</b>                                                                                  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                           |  |
| 13a. FATHER'S NAME<br><b>Henry Schrier</b>                                                                                                                                                                                                              |  | 13b. MOTHER'S MAIDEN NAME<br><b>Rose Edelman</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 14. NAME OF HUSBAND OR WIFE<br><b>Frieda</b>                                                                                                |  |                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                                   |  | 16. SOCIAL SECURITY NO.<br><b>030-01-2963</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Frieda Schrier 5715a Minerva</b>                                                       |  |                                                                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of left kidney</b><br>ANTECEDENT CAUSES <b>with metastases to lymph glands and right femur</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>- DUE TO (c) <b>right femur</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                             |  | INTERVAL BETWEEN ONSET AND DEATH                                                    |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma of left kidney, metastasizing</b>                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                             |  | 20. AUTOPSY?<br>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)<br><b>5715a</b>                                                                             |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)                                     |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                  |  | 21f. HOW DID INJURY OCCUR?<br><b>180° X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                             |  |                                                                                     |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>11/23</b> , 19 <b>49</b> , and that death occurred at <b>5:30 a.m.</b> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                             |  |                                                                                     |  |
| 23a. SIGNATURE<br><b>Robert Polashnick M.D.</b>                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 23b. ADDRESS<br><b>508 N. Grand ave.</b>                                                                                                    |  | 23c. DATE SIGNED<br><b>11/24/49</b>                                                 |  |
| 24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)                                                                                                                                                                                                     |  | 24b. DATE<br><b>11/25/49</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Chesed Shel Emeth</b>                                                                              |  | 24d. LOCATION (City, town, or county) (State)<br><b>University City Mo</b>          |  |
| DATE REC'D BY LOCAL REG.<br><b>NOV 25 1949</b>                                                                                                                                                                                                          |  | REGISTRAR'S SIGNATURE<br><b>J. B. Blaster</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Berger Memorial 4715 McPherson</b>                                                           |  |                                                                                     |  |

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Lewis Ludwig*

Licensed Embalmer No. *4229*

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.**