No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

NOV 3 1951

State File No. 35588

BIRTH NO. 81600-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8566

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 37 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Childrens

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City 4376
d. STREET ADDRESS (If rural, give location) 701 No. McKnight

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Boy c. (Last) SCHRIER

4. DATE OF DEATH (Month) (Day) (Year) Sept 24-1951

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Sept 17-1951
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? Amer

13a. FATHER'S NAME Sidney Schrier
13b. MOTHER'S MAIDEN NAME Leona Lemlick
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sidney Schrier 701 N. McKnight Rd

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 77 kX

22. *I hereby certify that I attended the deceased from* 9-21, 1951, *to* 9-24, 1951 *that I last saw the deceased alive on* 9-24, 1951, *and that death occurred at* 7:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Don L Thurston MD
23b. ADDRESS St. Louis Childrens Hosp
23c. DATE SIGNED 9/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 9/28/51
24c. NAME OF CEMETERY OR CREMATORY Chevrah Kadisha
24d. LOCATION (City, town, or county) (State) University City Mo.

DATE REC'D BY LOCAL REG. SEP 28 1951
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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.....

NOT EMBALMED

NOT EMBALMED

NOT EMBALMED

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.