

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3280

FILED JAN 26 1952

318

1003

State File No. Registrar's No. 0340

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0340	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Missouri</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Granite City 8121</b>		d. STREET ADDRESS (If rural, give location) <b>2155 Richmond 8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>DePaul Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>BEN</b> b. (Middle) _____ c. (Last) <b>SCHERMER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12, 1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 18, 1882</b>		9. AGE (In years last birthday) <b>69</b>	if UNDER 1 YEAR Months <b>2</b>	if UNDER 24 HRS. Hours <b>24</b> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware</b>		11. BIRTHPLACE (State or foreign country) <b>Austria 4</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Leib Schermer</b>		13b. MOTHER'S MAIDEN NAME <b>Esther Friedman</b>		14. NAME OF HUSBAND OR WIFE <b>Rose Schermer</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Granite City Mrs. B. Schermer-2155 Richmond,</b>			
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) <b>acute Myocardial infarction</b> ANTECEDENT CAUSES <b>Coronary sclerosis</b> 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 <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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H201</b>			
22. I hereby certify that I attended the deceased from <b>12/21, 1951</b> , to <b>1/12, 1952</b> that I last saw the deceased alive on <b>1/11, 1952</b> and that death occurred at <b>3:40 pm</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert Potashnick M.D.</b> (Degree or title)				23b. ADDRESS <b>508 N. Grand</b>		23c. DATE SIGNED <b>1/12/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 4</b>		24b. DATE <b>12/14/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>B'Nai Amoona Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JAN 14 1952</b>		REGISTRAR'S SIGNATURE <b>Paul Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold...</b> ADDRESS _____		

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Peter B. Dubrouillet* \_\_\_\_\_

Licensed Embalmer No. *3691* \_\_\_\_\_

P. O. Address *Richmond Heights, Mo* \_\_\_\_\_

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.