

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41164

State File No.

No. 300
10-48

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2788

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).	
a. COUNTY <u>St. Louis</u>	b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Carsonville</u>)	a. STATE <u>Mo</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (In this place) <u>2 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>6024 Suburban</u> <u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>St. Louis</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>JENNIE</u>	b. (Middle)	c. (Last) <u>SCHOLNIK</u>	(Month) <u>Oct</u>	(Day) <u>28</u>	(Year) <u>1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 1877</u>	9. AGE (In years last birthday) <u>74</u> <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>USSR</u> <u>6</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unk, Leiderman</u>	13b. MOTHER'S MAIDEN NAME <u>Unk</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Scholnik</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Suburban</u>	ADDRESS <u>6024 Suburban</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		<u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Retrospective Cardiac vascular disease</u> DUE TO (c) _____		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 20, 1950, to Oct 28, 1952, that I last saw the deceased alive on Oct 28, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>	23b. ADDRESS <u>8231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>10/29/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>urial</u>	24b. DATE <u>10/30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Eme th</u>	24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-29-52</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Domb - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bergee Memorial</u>	ADDRESS <u>4715 McPherson</u>
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P.T. (Licensed Embalmer's Statement on Reverse Side)

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.....

James J. Quading
.....
Licensed Embalmer No. *4227*

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.