

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37568**
Registrar's No. **8884**

FILED OCT 27 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) University City 4326	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 746 Kingsland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) c. (Last) SCHNEIDER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 3, 1871
9. AGE (In years last birthday) 82	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfr	10b. KIND OF BUSINESS OR INDUSTRY Millinery	11. BIRTHPLACE (City and State or Foreign Country) USSR
11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Abraham Schneider	13b. MOTHER'S MAIDEN NAME Miriam (unk)	14. NAME OF HUSBAND OR WIFE Naomi Schneider	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 491-16-8726	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben R. Schneider 6317 Clayton	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease Compulsive Heart Failure General Arteriosclerosis 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.	
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) 420.0	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 March 15, 1948 , to Sept. 11, 1953 , that I last saw the deceased alive on Sept. 11, 1953 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE William Elson, M.D.		23b. ADDRESS University Club Bldg.	23c. DATE SIGNED 9/11/53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 9/13/53	24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem	24d. LOCATION (City, town, or county) (State) Univ. City, Mo.
DATE REC'D BY LOCAL REG. SEP 14 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

520

miscellaneous

MS 187

MS AUG 5 1966

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
Student Embalmer

Student Embalmer No.
Lawrence J. Durkin
Signed
Licensed Embalmer No. 3988

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.