

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 26 1954

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5957

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>5 wks</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>7085 Wise</u>	
3. NAME OF DECEASED a. (First) <u>Julius</u> b. (Middle) <u>J.</u> c. (Last) <u>SCHRAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>	8. DATE OF BIRTH <u>Feb. 28, 1898</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>USSR</u>	
13a. FATHER'S NAME <u>Berns Schram</u>		14. NAME OF HUSBAND OR WIFE <u>Muller</u>	
13b. MOTHER'S MAIDEN NAME <u>Ward</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-36-036</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME <u>Bernard Schram</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME <u>1702 Chouteau</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>acute renal failure</u>		<u>3 weeks</u>	
		DUE TO (c) <u>Cardiac arrest</u>		<u>4 weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Transurethral Prostatectomy</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Benign Hypertrophy Prostate</u>		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? <u>610x</u>	

22. I hereby certify that I attended the deceased from 5-24, 1954, to 6-30, 1954, that I last saw the deceased alive on 6-30, 1954, and that death occurred at 7:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Carter, M.D.</u>		23b. ADDRESS <u>607 W. Grand</u>		23c. DATE SIGNED <u>7/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/2/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Smith</u>	
				24d. LOCATION (City, town, or county) (State) <u>Umarath City, Mo</u>	

DATE REC'D BY LOCAL REG. <u>JUL 2 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carter M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bryan Memorial</u>	
				ADDRESS <u>2715 Maple</u>	

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.....
Signature of Student Embalmer

Signed.....
Lawrence J. Dineen

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.