

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 45

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: 417 foot Township</u> | | c. LENGTH OF STAY (In this place) <u>3 yrs.</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 2059 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Sanatorium</u> | | d. STREET ADDRESS (If rural, give location) <u>445 DeBaliviere Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>SALLIE</u> | | a. (First) _____ b. (Middle) _____ c. (Last) <u>SCHON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1953</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>May 30, 1871</u> | |
| 9. AGE (In years last birthday) <u>83</u> | | if under 1 year Months <u>7</u> Days <u>8</u> | | if under 12 mos. Hours _____ Min. _____ | | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home - Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Moses Greenwald</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise Wurtsburger</u> | | 14. NAME OF HUSBAND OR WIFE <u>Emanuel Schon</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>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Morton Schwartz-818 Olive St.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brondopneumonia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebr. Arteriosclerosis</u> | | | | years <u>years</u> | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? <u>334X</u> YES <input type="checkbox"/> NO <input 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) _____ | | 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 Jan 13, 1953 to Jan 7, 1953, that I last saw the deceased alive on Jan 7, 1953, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. H. Feinberg, M.D.</u> | | 23b. ADDRESS <u>462 No. Taylor</u> | | 23c. DATE SIGNED <u>1/8/55</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/10/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>1-9-55</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Rindskopf, Inc., 5216 Delmar</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *John Ketter*
Licensed Embalmer No. *3880*

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.