

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10166

State File No.

2348

FILED MAR 31 1955

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis Mo.</u>		c. CITY OR TOWN <u>St. Louis Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1438 East Grand Ave</u>		e. STREET ADDRESS (If rural, give location) <u>1438 E. Grand</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEAH</u> b. (Middle) <u>G.</u> c. (Last) <u>SCHOEMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 13 55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>	8. DATE OF BIRTH <u>June 24, 1873</u>
9. AGE (In years last birthday) <u>81</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>Lazarus Gerson</u>	
13b. MOTHER'S MAIDEN NAME <u>Rebecca Leib</u>		14. NAME OF HUSBAND OR WIFE <u>Max J. Schoemann (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Gerson</u>		ADDRESS <u>2600 Goodfellow</u>	
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis - Basilar</u> <u>Biliary with Quadriplegia + Coma</u> <u>Arteriosclerosis Generalized</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>332x</u>		22. I hereby certify that I attended the deceased from <u>9</u> , 19 <u>53</u> to <u>11/13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/10</u> , 19 <u>55</u> , and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Lois Greenbaum MD</u>		23b. ADDRESS <u>4652 Maryland</u>	
23c. DATE SIGNED <u>3/14/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>3/25/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wmayer</u>	
25. ADDRESS <u>4356 Lindell Blvd</u>		DATE REC'D BY LOCAL REG. <u>MAR 14 1955</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..... *G. W. Wilkinson*

Licensed Embalmer No.... *35*

P. O. Address..... *M. L.*

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.