

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31767

State File No. _____
Registrar's No. 2268

FILED OCT 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside of city limits, give rural and give town) <u>Clayton</u> OR TOWN _____		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>DOA</u>		e. STREET ADDRESS (If rural, give location) <u>5505 Palm</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>LEO</u>	a. (First) _____ b. (Middle) _____ c. (Last) <u>SCHECHTER</u>	4. DATE OF DEATH <u>Sept. 29, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Marr.</u>	8. DATE OF BIRTH <u>OCT. 17, 1908</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Radio Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Comm. Air lines</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ben Schechter</u>	13b. MOTHER'S MAIDEN NAME <u>Ida (unk)</u>	14. NAME OF HUSBAND OR WIFE <u>Rose</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-05-7597</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Schechter</u> ADDRESS <u>5505 Palm</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
	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. <u>4201</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) _____	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 9-13, 1955, to 9/29, 1955, that I last saw the deceased alive on 9/27, 1955, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>David D. Himmelfarb MD</u> (Degree or title) _____	23b. ADDRESS <u>508 W. Grand</u>	23c. DATE SIGNED <u>10-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>	24b. DATE <u>10/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>	24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-1-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dornbe MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> ADDRESS <u>4715 McPherson</u>
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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.....
Signature of Student Embalmer

Signed.....
Lawrence J. De... ..

Licensed Embalmer No. **3982**

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.