

FILED AUG 1 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **25409**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1736</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>			c. LENGTH OF STAY (In this place) <u>27 yrs.</u>		c. CITY OR TOWN <u>Clayton</u>		d. Is 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>6430 Alamo</u>				e. STREET ADDRESS (If rural, give location) <u>6430 Alamo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOLLIE</u>			b. (Middle) _____		c. (Last) <u>SCHONBERGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1956</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>UNK</u>	
9. AGE (In years last birthday) <u>Ab 75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hungary</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Abraham Moskovitz</u>		13b. MOTHER'S MAIDEN NAME <u>Toba Friedman</u>		14. NAME OF HUSBAND OR WIFE <u>Adolph</u>			
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>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ethel Frank 6430 Alamo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronco Pneumonia duration 2 days</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Metastatic Carcinoma duration 6 mo.</u> DUE TO (c) <u>Carcinoma of Stomach</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>151X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
19a. DATE OF OPERATION <u>3/29/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the Stomach with Metastases to the Liver</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) m. _____	
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 <u>May 2, 1956</u> , to <u>July 16, 1956</u> , that I last saw the deceased alive on <u>July 16, 1956</u> , and that death occurred at <u>9:50 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>G. S. Braverman</u>				23b. ADDRESS <u>Jewish Hospital of St. Louis.</u>		23c. DATE SIGNED <u>7/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/18/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>B'nai Amoona</u>		24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-17-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Doud</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>		ADDRESS <u>4715 McPherson Ave.</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 *Quinn O. Judwin*
Licensed Embalmer No. *4229*

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.