URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 59-042472

FILED VS NOV 2 0 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9908 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 1 month

c. CITY OR TOWN University City — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 746 Kingsland — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First NAOMI Middle Last SCHNEIDER

4. DATE OF DEATH Month 10-27-59 Day Year

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH ab. 1873

9. AGE (last birthday) ab. 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and state or country) USSR

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Fried

13b. MOTHER'S MAIDEN NAME Pearl (unk)

14. NAME OF HUSBAND OR WIFE David

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Be n R. Schneider Address 6317 Clayton Rd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of stomach

DUE TO (c) 151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from about 10-6-59, to _____ and last saw her/him alive on 10-27-59

Death occurred at 5:55P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. E. Grauenfeld, MD

22b. ADDRESS 4500 Olive

22c. DATE SIGNED 10/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 10-29-59

23c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem.

23d. LOCATION (City, town, or county) University City, Mo. (State)

24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson

25. DATE RECD. BY LOCAL REG. OCT 29 1959

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

VS AUG 8 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3988

P. O Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.