

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-004489

237

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 11 1962 818

1003

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Length of stay in 1b 1 yr.		c. CITY OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7536 Wydown			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MORRIS SCHNEIDER				4. DATE OF DEATH Month Day Year Jan. 5, 1962					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/22/1889		9. AGE (last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail jeweler		11. BIRTHPLACE (City and state or country) Russia		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Sam Schneider				13b. MOTHER'S MAIDEN NAME Rose Spiritas		14. NAME OF HUSBAND OR WIFE Sylvia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Sylvia Schneider 7536 Wydown			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>								5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Viral bronchitis</u>								7 days	
DUE TO (c) <u>Hypertensive - Cardiovascular Disease</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., chronic disease condition given in PART I (a)) <u>Hypertensive - Cardiovascular Disease</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 <u>9/10/34</u> to <u>1/5/62</u> and last saw ^{him} <u>live</u> on <u>1/29/61</u> Death occurred at <u>6:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Morris Schneider</u> (Deceased or title)				22b. ADDRESS <u>3720 Washington Ave</u>				22c. DATE SIGNED <u>1/6/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE <u>1/7/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>United Heb. Temple Cem.</u>		23d. LOCATION (City, town, or county) <u>University City, Mo.</u>			
24. FUNERAL DIRECTOR <u>Berger Memorial 4715 Mc herson</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>JAN 7 1962</u>		26. REGISTRAR'S SIGNATURE <u>Loal Smith MO</u>			

JAN 16 1962

FILED

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 *Robert J. DeWitt*

Licensed Embalmer No. 3988

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.