No. 2
-4-41
17-39
X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40214

FILED JAN 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9946

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O Jewish Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 36 Years

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 6

(d) Street No. 5065 Vernon Ave. (If rural, give location) 6

(e) Citizen of foreign country? (Yes or No)

If yes, name country Alien # 3076,107

3. (a) PRINT FULL NAME Jake Schneider

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex O male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fannie Schneider

6. (c) Age of husband or wife if alive years

7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years ab 66 | Months | Days | If less than one day hr. min.

9. Birthplace Volhynia (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retail Shoes

11. Industry or business retired

FATHER
12. Name Isaac Schneider
13. Birthplace U.S.S.R. (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Shaina Baila (unk)
15. Birthplace U.S.S.R. (City, town, or county) 6 (State or foreign country)

16. (a) Informant Abe Schneider

(b) Address 1327 N. 38th. East St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/16/41 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) DEC 15 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1941 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from about 1941, 19 to Dec 15, 1941; that I last saw him alive on 12/15, 1941; and that death occurred on the date and hour stated above:

	Duration
Immediate cause of death: Acute Pulmonary Edema	2 hr
Due to Chronic arteriosclerotic heart Disease	about 10 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph B. Kendis (M. D. or other)

Address 402 No Taylor Date signed 12/16/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.