S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4930

Registrar's No. 1205

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
1438 E. Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 56 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1438 E. Grand 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Minnie Schucart (Also known as Martha Schucart)

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Aron Schucart

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

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

8. AGE: Years	Months	Days	If less than one day
ab 70			hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Godel Fitterman
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name (unk)
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Mrs. Dina Leidner
(b) Address 6317 Cates

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem,

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

FEB 8 1942

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7,
year 1942 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan. 1940, to 2/5 1942
that I last saw her alive on 2/5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive arteriosclerotic Heart Disease	?
Due to	
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 E. Sefolaff (M. D. or other) Med
Address 622 Jones Clark Date signed 2/8/42

(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 with the above constitutes grounds for revocation of license.)

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