S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16666

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4950

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9

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

1. PLACE OF DEATH:

(a) County St.Louis

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

(c) Name of hospital or institution: 321 Belt Ave. 1 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County St.Louis 15

(c) City or town St.Louis 9 12 (If outside city or town limits, write "RURAL")

(d) Street No. 321 Belt Ave. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Leah Levy Shroder

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex female 1 5. Color or race white 6. (a) Single, widowed, married, divorced widdowed 2

6. (b) Name of husband or wife Samuel Shroder 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May 3 1880 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Quincy (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation house wife

11. Industry or business .....

FATHER
12. Name Jacob D.Levy
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Matilda Steinauer
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Naomi Levy

(b) Address 321 Belt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt.Sinai Cemetery

18. (a) Signature of funeral director H Rindskopf

(b) Address 5216 Delmar

19. (a) JUN 7 1942 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 1942 year ..... hour 1 PM minute 10 M.

21. I hereby certify that I attended the deceased from 5/14/41, 19..., to June 6th, 1942 that I last saw her alive on June 6th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic CARCINOMA

Due to Ca of breast

Due to — 50

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma breast

Of autopsy —

Duration

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 Dr. H. Y. Rosenfeld (M.D. or other) .....

Address 618 Wall Bldg — Date signed .....

8 [illegible] (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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.