

FILED JAN 12 1945

Registration District No. 37

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Berliner Nursing Home
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years years, months or days)

3. (a) PRINT FULL NAME Samuel Schur

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Hannah Schur 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years ab. 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Kaunas, Lithuania (City, town, or county) (State or foreign country)

10. Usual occupation haberdasher

11. Industry or business retired

12. Name Chayim Leib Schur
13. Birthplace Lithuania (City, town, or county) (State or foreign country)

14. Maiden name Rachel (unk.)

15. Birthplace Lithuania (City, town, or county) (State or foreign country)

16. (a) Informant B. Widens

(b) Address 268 Woodbourne

17. (a) Removal (b) Date thereof 12/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Cincinnati, Ohio

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

19. (a) DEC 12 1944 (b) E. J. McGarran (Registrar's signature) Address 2651 Woodbourne

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 268 Woodbourne (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No) 11
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 14 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from May 1944 to Dec 1944
that I last saw him alive on Nov 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia Duration 30y
Due to Chrom and other drugs

Due to Senility

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0
Signature AM Grant (M. D. or other) MO
Address 2651 Woodbourne Date signed Dec 11 44

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

6
13
1

MOTHER FATHER

NOV 9 1945

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. 1397
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.