

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 10 1945 STANDARD CERTIFICATE OF DEATH
1003

State File No. **32350**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9181**

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:
Enroute to City Hospital # 13
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

In this community 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Max Schrenzel

3. (b) If veteran, name war no

3. (c) Social Security No. 497-09-9649

4. Sex male Color or race white

5. Color or race white

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

6. (b) Name of husband or wife Yetta Schrenzel

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

7. Birth date of deceased October 17, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56	0	15	hr. min.
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9. Birthplace Galicia Poland
(City, town, or county) (State or foreign country)

10. Usual occupation dresser

11. Industry or business dresser

12. Name Hirsch Schrenzel

13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Gittel (nee) Schrenzel

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

16. (a) Informant H. Faier

(b) Address 6629 Delmar

17. (a) burial (b) Date thereof 11/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha Berger Memorial

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) Date NOV 9 1945 Registrar's signature J. F. Bredeck
(Date) (Month) (Day) (Year) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")

(d) Street No. 1465 Clara ave. 9
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1945 hour 12 minute NOON

21. I hereby certify that I attended the deceased from July 12, 1945 to Nov 1, 1945

that I last saw him alive on October 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Duration
—

Due to Coronary Heart Disease 4 yrs.
Myocardial infarction

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) _____

Address 3720 Washington Date signed 11/1/45

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

MOTHER FATHER

.978

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.