

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3430
Registrar's No. 5

Registration District No. 317 Primary Registration District No. 2002

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(c) Name of hospital or institution:
760 Leland Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(d) Street No. 760 Leland Ave.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin W. Shieber
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Shieber 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased unknown
8. AGE: Years 67 Months -- Days -- If less than one day about hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 3 year 1947 hour 4 minute 45 a.m.
21. I hereby certify that I attended the deceased from April, 1936 to Jan 3, 1947
that I last saw him alive on Feb 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of Colon.
Due to _____
Due to 46 Fr
Other conditions (Include pregnancy within 3 months of death) Met. Sel. Ht. Disease.

9. Birthplace Russia
10. Usual occupation Retired
11. Industry or business Tailor
12. Name Hyman Shieber
13. Birthplace Russia
14. Maiden name unknown
15. Birthplace Russia
16. (a) Informant Nathan Schieber
(b) Address 760 Leland Ave.
17. (a) Burial (b) Date thereof 1-5-1947
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Hermai Rindskopf Inc
(b) Address 5216 Delmar Blvd.
19. (a) 1-7-47 (b) Arthur J. Allen

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
- While at work? _____ Means of injury 0
23. Signature Arthur J. Allen (M. D. or other) _____
Address 539 N. Grand Date signed 1/11/47

Duration 4 mtd
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

FEB 24 1947

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.....

H. E. Burgess

Licensed Embalmer No.....

4029

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.