

No. 300
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5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28198
Registrar's No. 7758

FILED SEP 13 1948
Registration District No. 018

Primary Registration District No. _____

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

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:
JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks.
(Specify whether _____)

In this community 41 yrs.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MU (b) County St. Louis

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

(d) Street No. 7814 LAFON
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME SCHREIBER, MORRIS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

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

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

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

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

10. Usual occupation CLOTHING BUYER

11. Industry or business _____

12. Name Anna Lobb Schreiber

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

14. Maiden name Maria

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

16. (a) Informant Oscar Schreiber

(b) Address 729 2nd St

17. (a) Russia (b) Date thereof 9-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emet

18. (a) Signature of funeral director Oscar Schreiber

(b) Address 5010 Emerigon

19. (a) SEP 3 1948 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1948 hour 9:40 minute A M.

21. I hereby certify that I attended the deceased from Feb 5
1943 to Sept 2 1948
and that death occurred on the date and hour stated above.

that I last saw him alive on Sept 1 1948

Immediate cause of death Septicemia (B. Coli) Duration 1 month

Due to Pylonephritis 3 years
Diabetes mellitus 5 years

Due to _____

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

Major findings: _____

Of operations X

Of autopsy X

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 10

23. Signature Alfred Feldman (M. D. or other) MD
Address 634 No Grand Date signed Sept 3/48

Now

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 *W. Z. Oxenbender*

Licensed Embalmer No. *3669*

P. O. Address *5610 Emig St*

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.