

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13553**  
Registrar's No. **3895**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>39 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>2008a Cole</b>	

3. NAME OF DECEASED (Type or Print)		a. (First) <b>ROSE</b> b. (Middle) c. (Last) <b>APPLEBAUM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 29 1949</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Unk.</b>	9. AGE (In years last birthday) <b>85 3/4</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if irregularly) <b>Retail Grocery</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jos. Schnurr</b>		13b. MOTHER'S MAIDEN NAME <b>Gittel UNK</b>		14. NAME OF HUSBAND OR WIFE <b>Jacob</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Norman Schnurr 7110a Tulane</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Depressed fracture of skull</b>	ANTECEDENT CAUSES <b>Brain injury when found on the floor of her placation store, 2008 Cole St. around 10:30 am April 29 1949.</b>				
DUE TO (b) <b>all the rest of her placation store</b>	DUE TO (c) <b>10:30 am April 29 1949.</b>				
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	<b>Homicide at the hands of party or parties unknown</b>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Store</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo Mo</b>			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Apr 29 49 10:30 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>F 9831</b>			
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Catriel E Taylor Coroner</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>4-30-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/17/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>	24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>		
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DATE REC'D BY LOCAL REG. <b>MAY 1 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Sessler</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 McPherson</b>		
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*[Handwritten mark]*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Lewis Ludwig*

Signed .....  
Student Embalmer

Licensed Embalmer No. 42290

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.