

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 37569  
10081

318

1003

Registrar's No.

|   |  |  |   |   |  |   |  |  |  |
|---|--|--|---|---|--|---|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO.   |   | PRIMARY REG. DIST. NO.  |  | Registrar's No.   |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo.   |  |   |  | b. COUNTY St. Louis  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN t. Louis  |  |  | c. LENGTH OF STAY (in this place)<br>4 days | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Clayton 342   |  |   | d. STREET ADDRESS (If rural, give location)<br>7249 Forsythe |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.  |  |  |   | 3. NAME OF DECEASED (Type or Print)<br>a. (First) IDA   |  |   |  | b. (Middle) SCHNET DER   |  |
| c. (Last)   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Oct/22/53   |   | 5. SEX Female   |  | 6. COLOR OR RACE White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed   |  |
| 8. DATE OF BIRTH ab Apr. 1889   |  | 9. AGE (In years last birthday) ab. 64   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>At home   |  | 10b. KIND OF BUSINESS OR INDUSTRY                                 |  | 11. BIRTHPLACE (City and State or Foreign Country) USSR  |  |
| 12. CITIZEN OF WHAT COUNTRY? USSR   |  | 13a. FATHER'S NAME Israel Werchman   |   | 13b. MOTHER'S MAIDEN NAME Zelda Maduff  |  | 14. NAME OF HUSBAND OR WIFE Abraham                               |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  | 16. SOCIAL SECURITY NO. None   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Sam Schneider 7249 Forsythe  |  |   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  |  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Atherosclerotic Heart Disease<br><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Diabetes Mellitus - |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>3 days<br><br>years<br><br>years<br><br>2/ AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION.  |   |   |  |   |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR 4.200   |  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from 10:30 to Oct. 22, 1953, that I last saw the deceased alive on Oct. 21, 1953, and that death occurred at 12:37 p.m., from the causes and on the date stated above.      |  |  |   |   |  |   |  |  |  |
| 23a. SIGNATURE B. U. Glassberg (Degree or title) M.D.   |  |  |   | 23b. ADDRESS 4500 Olive St.   |  | 23c. DATE SIGNED 10/22/53   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |  | 24b. DATE 10/23/53   |   | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emet   |  | 24d. LOCATION (City, town, or county) (State) University City Mo. |  |  |  |
| DATE REC'D BY LOCAL REG. OCT 22 1953  |  | REGISTRAR'S SIGNATURE J. Earl Smith Md   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson   |  |   |  |  |  |

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

**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 .....  
Student Embalmer

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

Signed \_\_\_\_\_

*Lawrence J. DeLuca*  
Licensed Embalmer No. 3988

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.