No. 300
10.48

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13868

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3876

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 2817 Goodfellow

6 2669

3. NAME OF DECEASED (Type or Print)
a. (First): ISADORE
b. (Middle): SCHOENFELD
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Apr. 30, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Marr.
8. DATE OF BIRTH: Apr 23, 1878
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10b. KIND OF BUSINESS OR INDUSTRY: Whlsale Bak.
11. BIRTHPLACE (City and State or Foreign Country): USSR 6
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: ------Schoenfeld
13b. MOTHER'S MAIDEN NAME: ---
14. NAME OF HUSBAND OR WIFE: Bessie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 492-01-1955
17. INFORMANT'S SIGNATURE OR NAME: Bessie Schoenfeld
ADDRESS: 2817 Goodfellow

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOLAR NEPHROSCLEROSIS — 1 yr.
DUE TO (c) ARTERIOSCLEROSIS, GENERAL — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cyst, Left Kidney

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☑ NO ☐

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): —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 446X

22. *I hereby certify that I attended the deceased from* APRIL 22, 1955, *to* APRIL 30, 1955, *that I last saw the deceased alive on* APRIL 30, 1955, *and that death occurred at* 9:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: David R. Chiles M.D. (Degree or title)
23b. ADDRESS: Jewish Hospital St. Louis
23c. DATE SIGNED: 5/1/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem.
24b. DATE: 5/2/55
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive
24d. LOCATION (City, town, or county) (State): University City Mo.

DATE REC'D BY LOCAL REG.: MAY 2 1955
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Berger Memorial
ADDRESS: 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..

Licensed Embalmer No. 39 8

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.