

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008766

STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 1632

Registration District No. 318
FILED FEB 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b (UNK)
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DOA City Hospital** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Illinois** b. COUNTY _____ c. CITY OR TOWN **Chicago** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1235 Greenleaf** Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MEYER** Middle **(SCHNEIDER)** Last **SNIDER** 4. DATE OF DEATH Month **2-6-1962** Day _____ Year _____
 5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **4-25-1908** 9. AGE (last birthday) **53**
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **Shoes** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**
 13a. FATHER'S NAME **Dave Schneider** 13b. MOTHER'S MAIDEN NAME **Mary Tenenbaum** 14. NAME OF HUSBAND OR WIFE **Bertha**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) **no** (If yes, give war, dates of service) **no** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address **Mrs. Bertha Snider 1235 Greenleaf**

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Chronic Myocarditis;**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arterio Sclerosis.**
 DUE TO (c) **422.1**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her him alive on _____
 Death occurred at _____ **9:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave.** 22c. DATE SIGNED **2-8-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **2-9-1962** 23c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth Cem.** 23d. LOCATION (City, town, or county) (State) **University City Mo.**

24. FUNERAL DIRECTOR ADDRESS **Berger Memorial 4785 McPherson** 25. DATE RECD. BY LOCAL REG. **FEB 8 1962** 26. REGISTRAR'S SIGNATURE **Coal Smith, M.D.**

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Joseph J. Quinn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.