

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42806

1 PLACE OF DEATH

County

Township

Village

City St. Louis

Registration District No. 791

File No.

Primary Registration District No. 1003

Registered No. 11643

(NO. 2940 Dickson St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Hyman Schwartz

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH April 12th 1915
(Month) (Day) (Year)

7 AGE 2 yrs. 7 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo.

10 NAME OF FATHER David Schwartz

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Russia

12 MAIDEN NAME OF MOTHER Hilda Franzberg

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) David Schwartz
(Address) 2940 Dickson St.

15 DEC - 9 1917 Filed 1917 Max C. Starckoff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 8th 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from DEC 5th 1917, to DEC 8th 1917, that I last saw him alive on DEC 7th 1917, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH was as follows:

Asphyxia
10 M

CONTRIBUTORY (Secondary) Heart Failure

(Signed) H. B. Berger M.D.
1229 1917 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? 2940 Dickson St

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Chesed Shel Emeth DATE OF BURIAL 12/9 1917

20 UNDERTAKER H. B. Berger ADDRESS 2127 Carr St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WITH CONTAINING INR—THIS IS A PERMANENT RECORD

