

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

Do not use this space.

19962

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township **St. Louis** Primary Registration District No. **101**
 City **St. Louis** (No. **Jewish Beth Abrahams Home**) St. **9** Ward)

2. FULL NAME

(a) Residence. No. **1438 E. Grand** St. **9** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bertha Schwartz**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **unk**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
ab 98

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Merchant**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Sevag iron**
 (c) Name of employer **Retired**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

10. NAME OF FATHER **Nathan Schwartz**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

12. MAIDEN NAME OF MOTHER **Deborah (unk)**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

14. INFORMANT **S. Schwartz** (Address) **715 Limited**

15. FILED **26 1931** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May - 26 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Cephal**, 1931, to **May 26 1931**, that I last saw him alive on **May 25 1931**, and that death occurred, on the date stated above, at **8:00 p.m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:
Articular Rheumatism
Carcinoma of face
Myocarditis of chronic
 (duration) yrs. mos. da. **10. 10. 1931**

CONTRIBUTORY (SECONDARY) **Nephritic Crises**
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 8 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) **J. H. Probst**, M. D.
 19 (Address) **453 Taylor**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Beth Ham Hag** DATE OF BURIAL **5/27 1931**

20. UNDERTAKER **A. Berger** ADDRESS **415 McPherson**

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.

