

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

Do not use this space.

10576

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **3001**
 City **St. Louis** (No. **3707 - 16 Spring Ave**) St. Ward)

2. FULL NAME

(a) Residence, No. **3707 Spring St.** 16. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 30 - 1851**

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-----------|----------|-----------|--|
| | 80 | 2 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Jacob Schwartz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Bertha Starzak**
(ADDRESS) **3707 - Spring**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sumner** DATE **Mar 21 1932**

19. UNDERTAKER **Wacker Belderle**
(ADDRESS) **2231 1/2 Broadway**

20. FILED **AR 19 1932** Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 17 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 8 1932** to **3/17 1932**

I last saw h. **ev.** alive on **3/17 1932** Death is said to have occurred on the date stated above, at **11 P.** m.

The principal cause of death and related causes of importance were as follows:
Acute dilatation of Heart Date of onset **12 hrs**

Other contributory causes of importance:
Chronic passive congestion of lungs 1 1/2 years
Chronic nephritis July 1930

Name of operation..... Date of.....
 What test confirmed diagnosis? **Urine** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no.**

If so, specify **Dr. Simpson** (Signed) M. D.
 (Address) **3729 9th Ave**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

