

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

Do not use this space.

27708

1. PLACE OF DEATH

County.....

Registration District No. 741

File No.

Township.....

Primary Registration District No. 741

Registered No. 7533

City St. Louis, Mo.

(No. 5604 Etzel - 741)

St. Ward)

2. FULL NAME

Simon Schwartz

(a) Residence, No. 5604 Etzel Ave St. 5 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	hrs. or	min.
<u>about</u>	<u>57</u>	<u>9</u>	<u>29</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker competitor

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

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 2 1/4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

13. NAME Tompkin-Yosel Schwartz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Miradel-Celkin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Mrs Lena Mackler

(ADDRESS) 5604 Etzel

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill DATE Aug 18 1932

19. UNDERTAKER Or enbenthal funeral directors

(ADDRESS) 4469 W. ...

20. FILED Aug 17 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1930 to Aug 17 - 1932

I last saw him alive on Aug 16 1930 Death is said to have occurred on the date stated above, at 3:20 m.

The principal cause of death and related causes of importance were as follows:

Hodgkins Disease Date of onset

Other contributory causes of importance: 1 TB

23. Name of operation Prost. April 15 - 1931 Date of

What test confirmed diagnosis? Biopsy 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

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 (Signed) J. W. Thompson M. D.

(Address) 3701 Westminter

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.

