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.

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

Do not use this space.

22056

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1377 Granville St. ..... Ward)

File No. ..... Registered No. 5810

2. FULL NAME Harry Schwartzberg

(a) Residence, No. ..... St., 6 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. ds. How long in U. S., if of foreign birth? 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: Sarah Schwartzberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14, 1882

7. AGE: YEARS 51 MONTHS 11 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): St. Louis

FATHER

13. NAME: Samuel Schwartzberg

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

MOTHER

15. MAIDEN NAME: Pauline Powers

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

17. INFORMANT (ADDRESS): Mrs. Sarah Schwartzberg 1377 Granville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bnai Amoona DATE 6/12, 1934

19. UNDERTAKER (ADDRESS): H B Berger 4715 McPherson

20. FILED JUN 11 1934 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to June 10, 1934

I last saw him alive on June 10, 1934. Death is said to have occurred on the date stated above, at 3:00 A.m.

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

Chronic myocarditis — Date of onset

93c

1003

93c

Other contributory causes of importance:

Acute Pulmonary edema

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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 .....

(Signed) Herbert O Goldwasser, M. D.

(Address) 730 Mo Bldg