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.

42098

JAN 3 1935

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 6248 H — Registered No. 256
City Richmond Hts (No. St. Marys Hospital St. Ward)

2. FULL NAME Abraham Schwartz
(a) Residence, No. 5764 Westminster St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Rose Schwartz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): —
7. AGE: ab. 45 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dress Mfg
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): Zhitomar U. S. S. R.

FATHER
13. NAME: Gerson Schwartz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S. S. R.

MOTHER
15. MAIDEN NAME: Fannie Schwartz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S. S. R.

17. INFORMANT (ADDRESS): Joseph Schwartz 5728 Westminster
18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 12/29 35
19. UNDERTAKER (ADDRESS): H B Berger Ln Co. 4715 Pa Pherson
20. FILED 12/29 1935 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 19 , to Dec 28, 1935
I last saw him alive on Dec 28, 1935. Death is said to have occurred on the date stated above, at 6 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Fibrinous Pneumonia (Rt) left	2 days
Fibrillation Heart followed by Heart Block	1 day

Other contributory causes of importance:
Chronic Myocarditis (Arteriosclerotic)
Chronic Arteriosclerotic Nephritis

Name of operation: Clinical Date of
What test confirmed diagnosis? X-ray Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) C. C. Harris, M. D.
(Address) Minority Clinic Bldg St Louis Mo