

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

32514

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City.....

St. Louis

Registration District No.....

Primary Registration District No.....

(d) Street No.....

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 30 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No.....

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25 1874

7. AGE YEARS 62 MONTHS 11 DAYS 17
 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as 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) (unk)
 (STATE OR COUNTRY) U.S.S.R.

13. NAME Sam Katz
 14. BIRTHPLACE (CITY OR TOWN) U.S.S.R.
 (STATE OR COUNTRY)

15. MAIDEN NAME Rose (unk)
 16. BIRTHPLACE (CITY OR TOWN) U.S.S.R.
 (STATE OR COUNTRY)

17. INFORMANT Mike Schwartz
 (ADDRESS) 1318a Goodfellow

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Chesed Shel Emeth DATE 9-12-37

19. FUNERAL DIRECTOR H.B. Berger L. & U. Co.
 (ADDRESS) 4715 McPherson

20. FILE SEP 12 1937 J. T. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 12 1937

22. I HEREBY CERTIFY, That I attended deceased from September 8th, 1937, to September 12th, 1937

I last saw h. alive on September 12th, 1937. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Heart Pulmanary Edema
 Cardiac Decompensation
 Date of onset 1937

Other contributory causes of importance:

Generalized Arteriosclerosis
 Hypertension with Hypertensive
 Heart Disease -- Brachial Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed)..... M. D.

(Address) 316 S. Vandeventer

Lawrence J. Diener STATEMENT BY LICENSED EMBALMER

3988

~~XXXXXXXXXXXX~~

~~XXXXXX~~

I, _____, Licensed Embalmer No. _____

me

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed *Lawrence J. Diener*

Licensed Embalmer No. 3988

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)