

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**

**NOV 15 1937**

**36295**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. **1003**  
 (b) Township..... Primary Registration District No. \_\_\_\_\_  
 (c) City **St. Louis** (d) Street No. **Jewish Hosp.** St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. \_\_\_\_\_ (f) How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

**2. PRINT FULL NAME**

(a) Residence, No. **5941 Bartmer** St. **5**  
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 25 1924**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **13 2 29**  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At School**  
 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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10. 24. 1937**  
 22. I HEREBY CERTIFY, That I attended deceased from **Nov 16 1937** to **Nov 14 1937**  
 I last saw him alive on **Nov 14 1937** Death is said to have occurred on the date stated above, at **4:15 AM**.  
 The principal cause of death and related causes of importance were as follows:  
**Acute interstitial nephritis due to arteriosclerosis, which resulted from old operation cause of which is unknown.**  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation **blebectomy** Date of \_\_\_\_\_ **10-16-37**  
 What test confirmed diagnosis? **chest** 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) **Ham J. Jandrych**, M. D.  
 (Address) \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**  
 13. NAME **Abraham Schultz**  
 14. BIRTHPLACE (CITY OR TOWN) **Volhynia** (STATE OR COUNTRY) **Poland**  
 15. MAIDEN NAME **Mollie Zweig**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**  
 17. INFORMANT (ADDRESS) **A. Schultz 5941 Bartmer**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Hevre Kedisha** DATE **10-25-1937**  
 19. FUNERAL DIRECTOR (ADDRESS) **W. J. Berger 1715 Marquette**  
**1937 OCT 25 1937**  
 20. Local Registrar. **J. B. Bradeck**

137  
120  
24

Dr. J. J. ...

STATEMENT BY LICENSED EMBALMER

I, Herbert I Berger, Licensed Embalmer No. 1597

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Herbert I Berger

Licensed Embalmer No. 1597

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.)