DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23689

FEB AUG 11 1939 Registration District No. 791

Primary Registration District No.

Registrar's No. 5962

1. PLACE OF DEATH: 1003 2
(a) County St. Louis
(b) City or town Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5033 a Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEASCED: 1
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12
(d) Street No. 5033a Cates Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 20yrs years.

3. (a) PRINT FULL NAME Bessie Schwartz 632
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Morris
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 50 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Hyman Shore
13. Birthplace Russia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Schwartz
15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Morris Schwartz
(b) Address 5033a Cates Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 -39 (Month) (Day) (Year)
(c) Place: burial or ~~[illegible]~~ -Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Herman Lindskog
(b) Address 5216 Delmar Blvd.
19. (a) JUL 6 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 39 hour 8:30 minute AM M.
21. I hereby certify that I attended the deceased from Dec. 1938, 19 to June 1, 19 39 and that I last saw her alive on July 5, 19 39 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	12 hrs
Due to Coronary arteriosclerosis	many yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. A. Nussbaum (M. D. or other)
Address 3651 Grandel Sq. Date signed 7-5-39

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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

If this body is not embalmed, above space should be left blank.