REC'D NOV 13 1939

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

34077
Do not use this space.

1. PLACE OF DEATH
(a) County ..... / Registration District No. 791
(b) Township ..... / Primary Registration District No. 1003 Registered No. 8615
(c) City St. Louis (d) Street No. Jewish Hosp. St.
(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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 35 yrs. mos. ds.

2. PRINT FULL NAME Max Schwartz 632
(a) Residence, No. 1406 Montclair St. 6
(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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Freda Schwartz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1874
7. AGE: YEARS 65 MONTHS 1 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Peddler Junk
9. Industry or business in which work was done, as saw mill, bank, etc. No Social Security No War Veteran
10. Date deceased last worked at this occupation (month and year) 1938 If Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berezeno Minsk U.S.S.R. 7

FATHER
13. NAME Joseph Schwartz 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R. 7

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

17. INFORMANT (ADDRESS) Harry Schwartz 5815 Lotus
18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 10/9/39, 19
19. FUNERAL DIRECTOR (ADDRESS) H.B. Berger 4715 McPherson
20. FILED OCT 9 1939 J F Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 8 1939
22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1939, to 10-8, 1939
I last saw him alive on 10-8, 1939 Death is said to have occurred on the date stated above, at 9:20 A.m.
The principal cause of death and related causes of importance were as follows:
Chronic Lymphatic Leukemia — Date of onset
Other contributory causes of importance: Arteriosclerotic Heart Disease
Name of operation non Date of
What test confirmed diagnosis? Biopsy 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) Sam Schneider, M. D.
(Address) 216 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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.
I X12004

STATEMENT BY LICENSED EMBALMER

I, No Embalming, Licensed Embalmer No.....

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.....

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.)