

WHITE PAINLESS—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**FEB 17 1940**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

58  
58

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5804a Cote Brilliante  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 35 Years  
years, months or days

3. (a) PRINT FULL NAME Wolf Schwartz 632

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Rachel Schwartz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Ab. 1868  
(Month) (Day) (Year)

8. AGE: Years Ab. 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Roumania  
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business \_\_\_\_\_

12. Name Zalman Schwartz

13. Birthplace Roumania  
(City, town, or county) (State or foreign country)

14. Maiden name Unk.

15. Birthplace Roumania  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Samuel Schwartz

(b) Address 5804a Cote Brilliant

17. (a) Burial (b) Date thereof 1/4/1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) JAN 4 1940 (b) \_\_\_\_\_  
(Date received local registrar) (City or town) (State)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 1  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5804a Cote Brilliante  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 35 years years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 1 day 3  
year 1940 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Mary Scheris

Due to \_\_\_\_\_

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of shape) (e) Means of injury 4

23. Signature Alfred Berger (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 4-70

**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.....

**Herbert I. Berger**

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

working under my personal supervision. 4715 McPHERSON AVE  
ST. LOUIS, MO.

Signed.....



Licensed Embalmer No. 1597

P. O. Address.....

**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.)**

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