No. 2
1-10-39
17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30602

Registration District No. FILED OCT 25 1940 791

Primary Registration District No. 1003

Registrar's No. 7879

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community (unk)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. 5812a Cote Brilliante
(If rural, give location)

(e) If foreign born, how long in U. S. A.? (unk) years.

3. (a) PRINT FULL NAME Max Schwartzburt

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rachel Schwartzburt

6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased (unk)
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
ab. 58			hr. min.

9. Birthplace Shedlitz Poland (City, town, or county) Russia (State or foreign country) 7

10. Usual occupation cobbler 7

11. Industry or business

MOTHER FATHER

12. Name Judah Schwartzburt 7

13. Birthplace Poland (City, town, or county) Russia (State or foreign country) 7

14. Maiden name Rachel Mandrosch

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

16. (a) Informant Mrs. Rachel Schwartzburt

(b) Address 5812 a Cote Brilliante

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kadisha

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

(b) Address 4715 McPherson

19. (a) SEP 22 1940 (Date received by registrar) (b) J. H. Budack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1940 hour 6 19 P.M. minute M.

21. I hereby certify that I attended the deceased from Sept 20 1940, 19, to Sept 21, 1940, 19; that I last saw him alive on Sept 21, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 1 day
Bronchopneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Arteriosclerotic heart disease — Hypertension

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 L. M. Kotzen (M. D. or other)

Address Jewish Hosp. Date signed 9/22/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1597

P. O. Address.....

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

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