. No. 2
-4-13-40
5-17-39
-1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 697
697

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7mo. 5days. (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1443 Blackstone 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FANNIE SCHWARTZ

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Nathan Schwartz

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

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

8. AGE: Years About 70 Months Days If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Morris Shapiro

FATHER
12. Name Unknown
13. Birthplace Russia 6 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Becky Schwartz Shapiro
15. Birthplace Unknown Russia 6 (City, town, or county) (State or foreign country)

16. (a) Informant L. Deggendorf
(b) Address 5400 Arsenal St.

17. (a) Chesed Shel Emeth (Burial, cremation, or removal) (b) Date thereof Jan. 22, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Mcpherson

19. (a) JAN 22 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1941 hour 6:25 minute P. M.

21. I hereby certify that I attended the deceased from 6-17-40, 19..., to 1-21-41, 19...; that I last saw her alive on 1-21-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Myocardial degeneration (onset 6-17-40x)
Due to Arteriosclerosis (onset 6-17-40x)
Due to Senility (onset 6-17-40x)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations No.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. K. Busch, M.D. (M. D. or other)
Address 5300 Arsenal Date signed 1/22/41

(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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.