

No. 2
1-4-41
-17-39
X26390

FILED SEP 17 1941

1003

Registrar's No. **6531**

Registration District No. _____
Primary Registration District No. _____

FILED SEP 17 1941 791

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

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 _____ (Specify whether _____)

In this community _____ years, months or days _____ (Specify whether _____)

3. (a) PRINT FULL NAME **Louise Boltzman**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **498-14-2442**

4. Sex **female**

5. Color or race **white**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **June 13, 1923**
(Month) (Day) (Year)

8. AGE: Years **18** Months **1** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business _____

MOTHER FATHER { 12. Name **Hyman Boltzman**

13. Birthplace **Warsaw Poland**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Schwartzberg**

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

16. (a) Informant **Jacob Keim**

(b) Address **6651 Clemens**

17. (a) **burial** (b) Date thereof **8/11/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shol Emeth Berger Memorial**

18. (a) Signature of funeral director _____

(b) Address **4715 McPherson**

19. (a) **AUG 11 1941** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County _____ **12**

(c) City or town **St. Louis** **59**
(If outside city or town limits, write "RURAL")

(d) Street No. **5570 Maple**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **10** year **1941** hour _____ minute **41** M.

21. I hereby certify that I attended the deceased from **August 7** 19**41** to **Aug 10** 19**41**; that I last saw her alive on **Aug. 10** 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Brain Tumor, Malignant

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Brain tumor, cerebellum**

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 place) (e) Means of injury _____

23. Signature **Harry G. Schwartz** (M. D. or other **M.D.**)
Address **3720 Washington Blvd.** Date signed **8-11-41**

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.....

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, fact should be so stated above.