

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8118

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 Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5776 McPherson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1941 hour 9:00 minute 0 M.

21. I hereby certify that I attended the deceased from May 1941 to Oct. 10 1941;
that I last saw him alive on Oct. 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Breast. Duration 2 1/2

Due to _____
Due to _____

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

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature Harold W. Meyer (M. D. or other) MD
Address 508 N. Grand Date signed 10/11/41

3. (a) PRINT FULL NAME Leah Schwartz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Meyer Schwartz 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Nov. 8 1909
(Month) (Day) (Year)

8. AGE: Years 31 Months 11 Days 2
If less than one day hr. _____ min.

9. Birthplace Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Harry Palans

13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name Libby Goldstein

15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Meyer Schwartz

(b) Address 5776 McPherson

17. (a) Burial (b) Date thereof 10-12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Shelburne St. Emeth

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) OCT 12 1941 (b) J. F. Prodeck
(Date received local registrar) (Registrar's signature)

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

70
9
7

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..... *Chas. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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.