

FILED FEB 24 1942
791

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **290**

1. PLACE OF DEATH:

(a) County **St. Louis**
(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 **37 years** (Specify whether years, months or days)
In this community **37 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4034 Laclede Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **37 years**

3. (a) PRINT FULL NAME **Morris Schwartz**

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 **divorced**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **unk** years

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

8. AGE: Years **ab 79** Months Days If less than one day hr. min.

9. Birthplace **Leningrad U.S.S.R.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman Retail Drygoods**

11. Industry or business

MOTHER FATHER { 12. Name **UNK**
13. Birthplace **UNK**
(City, town, or county) (State or foreign country)
14. Maiden name **Unk**
15. Birthplace **UNK**
(City, town, or county) (State or foreign country)

16. (a) Informant **Meyer Levin**
(b) Address **37 Hillvalle**

17. (a) **burial** (b) Date thereof **1/11/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beth Ham Hag.**

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

19. (a) **JAN 11 1942** (Date received local registrar)
J. J. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **ninth**
year **1942** hour minute M.

21. I hereby certify that I attended the deceased from **12/16/42**
19 to **1/9/42** 19
that I last saw him alive on **1/9/42** 19
and that death occurred on the date and hour stated above.

Immediate cause of death: **Regulation + gangrene of bowel**
Due to **Decarcarated Pericard Chronic Nephritis Chronic Myocarditis**
Other conditions: **Chronic Nephritis Myocarditis**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations **122a**
Of autopsy

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) (Specify means of injury)
23. Signature **J. J. Bruck** (M. D. or other)
Address **Water Bldg** Date signed

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

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17
9

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.....

1577

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.