S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20013

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5659

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: Park Plaza Hotel (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) over 50 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 003

(c) City or town St. Louis 171 (If outside city or town limits, write "RURAL")

(d) Street No. 220 N. Kingshighway (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Abraham Schwartzman

3. (b) If veteran, name war none

3. (c) Social Security No. 489-09-4321

4. Sex male 0

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct (Month) 10 (Day) 1873 (Year)

8. AGE: Years 69 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Jewelry M'f'G.

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

MOTHER
14. Maiden name ------ Bernstein
15. Birthplace Russia (City, town, or county) 6 (State or foreign country)

16. (a) Informant Milton Schwartzman
(b) Address 7514 Buckingham Drive

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director [signature]
(b) Address 4356 Lindell Blvd

19. (a) JUN 21 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 20th year 1943 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct., 1942, 19 to June 20, 1943; that I last saw him alive on June 18, 1943, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (immediate) — Duration

Due to Arteriosclerotic cardio-vascular disease — 3 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No 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 [signature] (M. D. or other)

Address 462 N. Taylor Date signed 6/21/43

(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. 1861

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.**