No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20252

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5499

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:
Missouri Baptist 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 0
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. 5531 Pershing
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mollie Schwartz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Morris

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

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

8. AGE: Years About 68 Months -- Days -- If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

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

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

16. (a) Informant Harry Schwartz
(b) Address 5531 Waterman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 19 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Ringskopf
(b) Address 5216 Delmar Blvd

19. (a) JUN 19 1944 (Date received local registrar) J. F. Bresick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from June 4, 1944, to June 17, 1944
that I last saw her alive on June 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cholesteatoma Left Material

Due to

Due to Terminal Pneumonia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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) M.D.
Address 4952 Maryland Ave. Date signed 6/17/44

(Licensed Embalmer's Statement on Reverse Side) St Louis, Mo.

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 John Letter

Licensed Embalmer No. 3880

P. O. Address 4355 Washing

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.