

FILED DEC 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36393

State File No.

10039

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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. 10 (Specify whether
In this community 10 years, months or days)

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. 1391 Clara Ave.
(If rural, give location)
(e) Citizen of foreign country? U (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Schwartz

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Schwartz 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 64 Months — Days — If less than one day hr. min.

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

10. Usual occupation Sailor

11. Industry or business

12. Name Unknown
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Schwartz

(b) Address 1391 Clara

17. (a) Burial Date thereof 11-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) NOV 26 1944 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1944 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-11-
1944 to 11-24- 1944

that I last saw him alive on 11-24- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Cholecystitis (post-operative) 4 hrs.
Due to Chesulosis

Other conditions 1/26
(Include pregnancy within 3 months of death)

Major findings: Dangerous Gall-Bladder
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) (c) Means of injury

23. Signature Chas. S. Rosen (M. D. or other)
Address 1147 Clara Ave. Date signed 11/25/44

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

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 J. P. Burgess
Licensed Embalmer No. 4029
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.