

S. No. 2  
M-3-13  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4813  
State File No.  
Registrar's No. 1087

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County  
(b) City or town ST. Louis  
(c) Name of hospital or institution: Missouri Baptist Hospital  
(d) Length of stay: In hospital or institution  
In this community

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County COO  
(c) City or town St. Louis  
(d) Street No. 567 Leeton Ave  
(e) Citizen of foreign country? no (Yes or No)

3. (a) PRINT FULL NAME MIKE SCHWARTZ  
(b) If veteran, name war no (c) Social Security No. 492-07-

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 1 year 1945 hour about 9 minute 45 M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Schwartz 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Feb. 18 1892

21. I hereby certify that I attended the deceased from Dec 16 1944 to Feb 1 1945 that I last saw him alive on Feb 1 and that death occurred on the date and hour stated above.  
Immediate cause of death Toxemia

8. AGE: Years Months Days If less than one day  
52 11 13 hr. min.

Due to Carelessness of Corp and low Durgs  
Due to  
Other conditions  
Major findings: Of operations  
Of autopsy none

9. Birthplace Czechoslovakia  
10. Usual occupation Laborer

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

11. Industry or business  
12. Name Paul Schwartz  
13. Birthplace Czechoslovakia  
14. Maiden name Judith Izo  
15. Birthplace Czechoslovakia

23. Signature J. F. Bradley (M. D. or other)  
Date signed 2-2-45

16. (a) Informant Anna Schwartz  
(b) Address 567 Leeton Ave  
17. (a) Burial (b) Date thereof 2/3/45  
(c) Place: burial or cremation Bethlehem  
18. (a) Signature of funeral director Wm. C. Myrdell  
(b) Address 1926 Allen Ave.  
19. (a) FEB 3 1945 (Date received local registrar) J. F. Bradley (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 10 1950

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed D. M. Davis  
.....  
Licensed Embalmer No. 3741  
.....  
P. O. Address 1926 allen av  
.....

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.