V. S. No. 2
.00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1945

State File No. 26125

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7621

1. PLACE OF DEATH:

(a) County City of St. Louis

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

(c) Name of hospital or institution: Jewish Hosp.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 6 (If outside city or town limits, write "RURAL")

(d) Street No. 1436a Granville Place (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LILLIAN SCHWARTZ

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife HARRY SCHWARTZ

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased NOV (Month) 8 (Day) 1907 (Year)

8. AGE: Years 37 Months 8 Days 25 If less than one day — hr. — min.

9. Birthplace St. Louis, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name MORRIS FRIEDMAN
13. Birthplace Rumania (City, town, or county) — 6 (State or foreign country)

MOTHER
14. Maiden name Eva Lebowitz
15. Birthplace Rumania (City, town, or county) 1 (State or foreign country)

16. (a) Informant H. Schwartz

(b) Address 1436a Granville Place

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) AUG 21 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1945 hour 7 minute P M.

21. I hereby certify that I attended the deceased from March, 1945 to Aug. 30, 1945 that I last saw her alive on Aug. 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Post partum hemorrhage

Due to Atonia of the uterus

Due to Fibroids of the uterus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Atonic uterus

Of autopsy

Duration

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 Irvin Liese (M. D. or other)

Address 3720 Washington Date signed 8/30/45

(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. 1597

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.