S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3039

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 698

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

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: Alexian Bros. Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days, (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 (If outside city or town limits, write "RURAL")
(d) Street No. 4 1425 Mc Causland Ave. 9 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leon J. Schatzman,
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 24, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	4	29	hr. min.

9. Birthplace St. Louis, Missouri, (City, town, or county) (State or foreign country)
10. Usual occupation Real Estate
11. Industry or business Retired 15 years,
FATHER
12. Name Edmond A. Schatzman,
13. Birthplace Covington, Kentucky, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Longuemare,
15. Birthplace St. Louis, Missouri, (City, town, or county) (State or foreign country)
16. (a) Informant Marie Isabelle Schatzman,
(b) Address 1425 McCausland Ave.,
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 1/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery,
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) JAN 23 1948 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd year 1948 hour 9:00 minute A. M.
21. I hereby certify that I attended the deceased from Jan 14 1948, to Jan 22 1948, that I last saw him alive on Jan 21 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	1 day
Due to: Arterio-Sclerosis	2 yr
Nephro-Sclerosis	1 yr
Due to: Retention Urine	
Hypertrophied Prostate	1 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature [signature] (M. D. or other)
Address 607 K Grand Date signed 1/24/48

Jefferson City Printing Co. (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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Foran E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., ~~St. Louis, 18, Mo.~~

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.