

No. 2
2-45
17-39
X47070

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

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **205**

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

3. (a) PRINT FULL NAME ROSE SCHWARTZMAN
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Alexander Schwartzman
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 82 - - hr. min.

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

10. Usual occupation At home

11. Industry or business Unknown

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

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

16. (a) Informant Dr. Bernard Schwartzman

(b) Address 7215 Dartmouth

17. (a) Burial Chesed Shel Emeth Cem
(Burial, cremation, or removal) (b) Date thereof 1-8-48
(Month) (Day) (Year)

18. (a) Signature of funeral director Edward R. ...
(b) Address 5216 Delmar Blvd.

19. (a) JAN-8 1948 (Date received local registrar)
J. F. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7106 Cambridge
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6th day January
year 1948 hour 5³⁰ minute _____ M.
21. I hereby certify that I attended the deceased from Jan 6 1948
that I last saw her alive on Jan 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute Pulmonary Edema 24 hours
Cardiac failure 2 mos
Due to Hypertension 2 years
Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 97

Major findings:
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____
Signature Edward ... (M. D. or other) _____
Address 607 N Grand Date signed Jan 7

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

.01:

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 Ketter

Licensed Embalmer No..... *7880*

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.