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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31422
8114

FILED SEP 21 1948 318
Registration District No.

1003
Primary Registration District No.

Registrar's No.

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: Jewish Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 42 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 2607 Bure
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EVA SCHWARTZ (SCHWARTZ)

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 Widowed

6. (b) Name of husband or wife Emil

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

7. Birth date of deceased (unk)
(Month) (Day) (Year)

8. AGE: Years ab. 72 | Months | Days | If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name Nachman Lieberman

13. Birthplace Poland (City, town, or county) (State or foreign country)

14. Maiden name Eika (unk)

15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Sam Schwartz

(b) Address 815 Leland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/48 (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hagri Cem.

18. (a) Signature of funeral director 4715 McPherson

(b) Address Berger Memorial

19. (a) SEP 16 1948 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from June, 1948 to Sept 15, 1948 that I last saw h. alive on Sept 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 day
Due to: arteriosclerosis generalized	years
Due to:	
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

23. Signature Wm. S. Franklin (M. D. ~~or other~~)

Address 634 N. Grand Date signed 9/16/48

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.....

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

working under my personal supervision.

Signed Lewis Ludwig

Licensed Embalmer No. 4229

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.