

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31903

State File No. ....

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8143**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>5623 Wells 2069</b>	
c. LENGTH OF STAY (In this place) <b>39 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp</b>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>Sam</b>		b. (Middle)	
c. (Last) <b>Schwartz</b>		9 27 '50	
5. SEX <b>Male</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>unk</b>
9. AGE (In years last birthday) <b>at 73</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Used clothing</b>	11. BIRTH PLACE (State or foreign country) <b>Poland</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	13a. FATHER'S NAME <b>(unk) Schwartz</b>	13b. MOTHER'S maiden name <b>unk</b>	14. NAME OF HUSBAND OR WIFE <b>Dora</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Sam Schwartz 5623 Wells</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic coronary artery disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic cholecystitis</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21f. HOW DID INJURY OCCUR? <b>H-201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>9/23, 1950</b> , to <b>9/27, 1950</b> , that I last saw the deceased alive on <b>9/26, 1950</b> , and that death occurred at <b>3:20A m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Caron Benenbaum M.D.</b> (Degree or title)	23b. ADDRESS <b>216 S. Kingshighway</b>	23c. DATE SIGNED <b>9/27/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/28/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hebra Kadisha</b>	24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>
DATE REC'D BY LOCAL SEP-27 1950 REG.	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beyen Throum 4715 Webster</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed

*David Ludwig*

Licensed Embalmer No. 8229

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.