

FILED JAN 18 1951

## STANDARD CERTIFICATE OF DEATH

43798

State File No. ....

No. 300

BIRTH NO. 87209-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10378

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>46 TOWN Clayton</u>		446 <sup>1/2</sup>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>6324 Northwood</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBAR</u>		b. (Middle)	c. (Last) <u>Schwartz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4-1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Dec 3, 1950</u>	9. AGE (15 years last birthday)	IF UNDER 1 YEAR Months   Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Gilbert Schwartz</u>		13b. MOTHER'S MAIDEN NAME <u>May Horwitz</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Gilbert Schwartz</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydroxya, fetal, universal</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>770.D</u>		
22. I hereby certify that I attended the deceased from <u>12/4</u> , 19 <u>50</u> , to <u>12/4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/4</u> , 19 <u>50</u> , and that death occurred at <u>3:55 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Max Driehaus</u>			23b. ADDRESS <u>634 N. Grand Ave.</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamrosh Hagodol</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 6 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Parson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Hinkel</u>		
			ADDRESS <u>5216 Delmar</u>		

(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. ....

Signed \_\_\_\_\_

*John L. Keller*

Licensed Embalmer No. 3880

Signed .....

Student Embalmer

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.