

FILED NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39703
Registrar's No. 9038

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town) ST. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) 33 TOWN University City 4936 | |
| c. LENGTH OF STAY (In this place) 10 mths | | d. STREET ADDRESS (If rural, give location) 6405 North 4r. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1438 E. Grand | | | |

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|---|---------------------------|---|---|---|--------------------------------|-------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) SCHWARTZ c. (Last) SCHWARTZ | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1951 | | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 10, 1873 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 60 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schochet | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) USSR b | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|-----------------------------------|--|---|--|---------------------------------------|--|
| 13a. FATHER'S NAME B. Schwartz | | 13b. MOTHER'S MAIDEN NAME Brinda Ink | | 14. NAME OF HUSBAND OR WIFE Fannie | |
|-----------------------------------|--|---|--|---------------------------------------|--|

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|--|--|---------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Shmuger 6425 Cates | |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>embolus cordialis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic Myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
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|------------------------|--|----------------------------------|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|----------------------------------|--|---|--|

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| 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? H20-1 | |

22. I hereby certify that I attended the deceased from May 1, 1925, to Oct 13, 1951, that I last saw the deceased alive on Oct 12, 1951 and that death occurred at 11 AM., from the causes and on the date stated above.

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|--|--|-------------------|--|---|--|------------------|--|
| 23a. SIGNATURE <u>Earl Smith M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>1918 E. 47th St. St. Louis</u> | | 23c. DATE SIGNED | |
|--|--|-------------------|--|---|--|------------------|--|

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|--|--|-----------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 10/14/51 | | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel meth | | 24d. LOCATION (City, town, or county) (State) University City Mo. | |
|--|--|-----------------------|--|--|--|--|--|

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| DATE REC'D BY LOCAL REG. OCT 15 1951 | | REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u> | |
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Judary* _____

Licensed Embalmer No. *4339* _____

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.