

FILED MAR 20 1952

STANDARD CERTIFICATE OF DEATH

State File No. 10843

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 623

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4376	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 7541 Cornell Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7541 Cornell Avenue		d. STREET ADDRESS 7541 Cornell Avenue	

3. NAME OF DECEASED (Type or Print) HENRY			a. (First) b. (Middle) c. (Last) SCHWARTZ			4. DATE OF DEATH MARCH 6, 1952									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 16, 1882		9. AGE (In years last birthday) 69		10. F UNDER 1 YEAR Months 8		11. F UNDER 4 HRS. Hours 18			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Merchant-Ladies				10b. KIND OF BUSINESS OR INDUSTRY Ready to Wear				11. BIRTHPLACE (State or foreign country) Czechoslovakia				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Joseph Schwartz			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Stephanie Schwartz					
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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.			17. INFORMANT'S SIGNATURE OR NAME Mrs. D. E. Stoliar-7541 Cornell					
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease								5 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Non-Arteriosclerosis								years	
		DUE TO (c)									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200									

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 1945, to March 6, 1952, that I last saw the deceased alive on March 4, 1952, and that death occurred at 5 p.m., from the causes and on the date stated above.

23a. SIGNATURE Lawrence M. Kotowicz M.D. (Degree or title)			23b. ADDRESS 4409 W. Pine			23c. DATE SIGNED 3/6/52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/9/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
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DATE REC'D BY LOCAL REG. 3-7-52		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman R. ... 5216 Parkway				
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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

*Edna B. [Signature]*

Licensed Embalmer No. *369*

P. O. Address *Provincetown, Mass*

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.