

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34025

State File No. ....  
8043

FILED SEP 24 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN St. Louis Mo.		a. STATE Mo.	b. COUNTY 2129
c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5370 Pershing Ave		e. STREET ADDRESS (If rural, give location) 12. 5370 Pershing Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) c. (Last) Schwartz			4. DATE OF DEATH (Month) (Day) (Year) 8/14/53
5. SEX male 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH Nov 18 - 75
9. AGE (In years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Self-employed	11. BIRTHPLACE (City and State or Foreign Country) E.S.A. Mo.
12. CITIZEN OF WHAT COUNTRY? 9	13a. FATHER'S NAME Israel Schwartz	13b. MOTHER'S MAIDEN NAME May Urban	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) no	16. SOCIAL SECURITY NO. 499-34-1366	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard Morris 2129 Wells	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with decompensation</u> DUE TO (b) <u>Generalized arteriosclerosis</u> 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 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) H20.0	
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 1/2/2, 1944, to 8/14, 1953 that I last saw the deceased alive on 8/7, 1953, and that death occurred at 5370 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Jay B. Kessler M.D.		23b. ADDRESS 46 N. Taylor W. St. Louis Mo.	23c. DATE SIGNED 8/15/53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 8/19/54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.
DATE REC'D BY LOCAL REG. AUG 18 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mayer 4356 Lindell Blvd	

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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.....  
Signature of Student Embalmer

Signed *Fred J. Farmer*.....

Licensed Embalmer No. *4780*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.