N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 13 1937

12887

791 / 1003

Do not use this space.

39697

File No. 10684

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. De Paul Hosp St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Baby Schwartz

(a) Residence, No. 1604 Goodfellow St., 6 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-18-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Dane Schwartz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER

15. MAIDEN NAME Sylvia Rathman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Dane Schwartz 1604 Goodfellow

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE Nov 19 1937

19. UNDERTAKER (ADDRESS) Fenhandler Fun Dir Washington

20. FILED NOV 1 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1937, to Nov. 18, 1937

I last saw her alive on 11 AM, 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Probably brain hemorrhage after difficult breech labor

Date of onset

Other contributory causes of importance:

160 b

Name of operation Breech Delivery Date of Nov. 18

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Grover Liese, M. D.

(Address) Beaumont Med Bldg