

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH.

16554

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4032

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jewish Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 35 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1384a Goodfellow  
(If rural, give location)  
55  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lottie Hannah Schwartz 632

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Morris Schwartz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (unk)  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ab 67 hr. min.

9. Birthplace Gallitzia Austria Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Morris Anker

13. Birthplace Austria Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Gittel Shertz

15. Birthplace Austria Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Schwartz

(b) Address 1384a Goodfellow

17. (a) burial (b) Date thereof 5/6/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H.B. Berger

(b) Address 4715 McPherson

19. (a) MAY 6 1940  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1940 hour 1 minute 42 A.M.

21. I hereby certify that I attended the deceased from several years  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw her alive on May 5 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis-pneumonia  
terminal Duration 4 day

Due to \_\_\_\_\_

Due to chronic valvular disease of heart

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Samuel Wernerman (M. D. or other)  
Address No. Theater Bldg Date signed 5-6-40

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

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *no Embalming*

..... Licensed Embalmer No.....

..... 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, above space should be left blank.**