No. 2
1-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40669

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10440

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 years

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. 5789 Westminister (If rural, give location)
(e) If foreign born, how long in U. S. A.? 35 yrs years.

3. (a) PRINT FULL NAME Abraham Isaac Schwartz
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Bluma Schwartz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unk (Month) (Day) (Year)
8. AGE: Years ab 68 Months Days If less than one day hr. min.
9. Birthplace Dubno Volhynia Russia (City, town, or county) (State or foreign country)
10. Usual occupation Cobbler
11. Industry or business
MOTHER FATHER
12. Name Hyman L. Schwartzmann
13. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name Mollie (unk-)
15. Birthplace Russia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rebecca Hykins
(b) Address 5789 Westminister
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director L. B. Berger Lil. Co.
(b) Address 4715 Mc Pherson
19. (a) DEC 19 1940 (Date received by Registrar) (b) J. N. Bridrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18 year 40 hour 10 minute 55 P.M.
21. I hereby certify that I attended the deceased from 12-14, 1940, to 12-18, 1940; that I last saw him alive on 12-18, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Spontaneous Pneumothorax (rt)	
Due to: Bronchial asthma	
Bronchiectasis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis (genl)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edward G. Berger (M. D. or other)
Address 634 N. Grand Ave. Date signed 12-19-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....1597.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.