

S. No. 3906  
OM-10-47  
v. 5-17-39  
I 3906

FILED APR 12 1948  
318  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

200  
17  
9

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

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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks  
(Specify whether)

In this community 45 yrs.  
years, months or days

3. (a) PRINT DAVE SCHWARTZ A/K/A  
FULL NAME DAVID SCHWARTZ

3. (b) If veteran, name war No

3. (c) Social Security No. 488-07-9329

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fannie Schwartz

6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased November 18 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62	4	15	hr. min.
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9. Birthplace Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation Blocker

11. Industry or business Cap Mfr.

12. Name Aaron Schwartz

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

14. Maiden name Anna (unk)

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

16. (a) Informant Mrs. Fannie Schwartz

(b) Address 5752 Westminster

17. (a) burial (b) Date thereof 4/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) APR 4 1948 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5 5752 Westminster  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd  
year 1948 hour 2 minute 00 a. m.

21. I hereby certify that I attended the deceased from Mar. 19 1947 to April 3 1948  
that I last saw h. im alive on April 3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver (Metastatic?)  
Duration 6-9 mo.

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

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

Other conditions Hof  
(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) (e) Means of injury \_\_\_\_\_

23. Signature Joe M. Orenstein (M. D. or other) 0  
Address 1440 N. Taylor Ave Date signed 4/3/48

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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 *Paulo Audring*.....

Licensed Embalmer No. *4229*.....

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, fact should be so stated above.**