

National Office of Vital Statistics
FILED JUN 21 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5359**

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.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME BERTHA SCHWAB
3. (b) If veteran, name war.....
3. (c) Social Security No......

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Max Schweg **6. (c) Age of husband or wife if alive**..... years
7. Birth date of deceased 07.11.01
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 92 — — — hr. min.

9. Birthplace.....
(City, town, or county) (State or foreign country) Ohio

10. Usual occupation at home

11. Industry or business.....

12. Name David Marks

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

14. Maiden name Sophie Wornheim

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

16. (a) Informant Mrs. Ehrenfest

(b) Address 4399 McPherson

17. (a) Burial..... **(b) Date thereof** 6/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. Sinai Cemetery

18. (a) Signature of funeral director Herman Rudolph

(b) Address 5216 Defries Blvd

19. (a) Date received local registrar JUN 12 1948 **(b) Registrar's signature** J. Brodeur

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 275 N. Union Blvd.
12 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11
year 1948 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from....., 1922, to June 11, 1948,
that I last saw him alive on June 8, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
arterio-sclerotic heart disease years.....
auricular fibrillation years.....
Saddle thrombus 5 days
(bifurcation of aorta) 4 days
gangrenous legs (bilateral)

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:.....
Of operations.....
Of autopsy.....

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..... (M. D. or other)

Address Livelys Sale **Date signed** 7/9/48

MOTHER FATHER

JUN 25 1948

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.....

John Ketter
.....
Licensed Embalmer No. 3880
.....
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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6359

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: _____
(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)

3. (a) PRINT FULL NAME

Bertha Schwab

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days abt 92
(If less than one day, hr. min.)

9. Birthplace Dayton, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY
 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration _____

Due to _____
 Due to _____

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? _____
(Specify type of place)
 While at work? _____ (e) Means of injury _____

Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

SUPPLEMENTARY

APR 24 1948
 J. P. Bredert
(Registrar's signature)

S-21326

to 0438