

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 21 1949

State File No. 42771
Registrar's No. 1983

Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town University City
(c) Name of hospital or institution:
6912 Delmar Blvd.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7315 Tulane Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME SARAH SCHWARTZ
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 26
year 48 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from May
1947 to Dec. 26, 1948.
that I last saw her alive on Dec. 26, 1948.
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color, or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph Schwartz
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death
Arteriosclerotic heart disease -
Coronary sclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 930
Major findings: 430
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
About 72 - - - hr. min.

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Russia
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business _____
12. Name Fred Stein
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Russia
(City, town, or county) (State or foreign country)

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 Julius E. ... (M. D. or other)
Address 1607 N. Grand Date signed 12/27/48

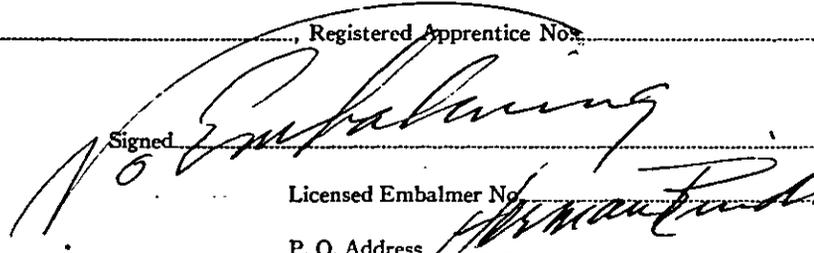
16. (a) Informant Mrs. Ida Sherman
(b) Address 7315 Tulane Ave.
17. (a) Burial (b) Date thereof 12-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Herman Rindskopf, Inc.
(b) Address 5216 Delmar Blvd.
19. (a) 12-27-48 (b) ...
(Date received local registrar) (Registrar's signature)

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.

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.