

STANDARD CERTIFICATE OF DEATH

State File No. 31837
7694

FILED SEP 21 1951

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 34 TOWN University City 4346	
c. LENGTH OF STAY (In this place) 2 mths.		d. STREET ADDRESS (If rural, give location) 7333 Amherst	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home			
3. NAME OF DECEASED a. (First) JACOB		b. (Middle) SCHWARTZ	
c. (Last) SCHWARTZ		4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Unk.
9. AGE (In years last birthday) Ab 72		10. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (State or foreign country) USSR 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Morris Schwartz		13b. MOTHER'S MAIDEN NAME Sarah Unk.	
14. NAME OF HUSBAND OR WIFE Fannie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Schwartz		ADDRESS 7333 Amherst	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral artery thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis cerebral</u> DUE TO (c) <u>Emphysema lungs - obesity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 12, 1951</u> , to <u>Aug 29, 1951</u> , that I last saw the deceased alive on <u>Aug 29, 1951</u> , and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lorely Sale</u>		23b. ADDRESS <u>4500 Olive St. Louis 8</u>	
23c. DATE SIGNED <u>Aug 29, 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE <u>8.30.51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel</u>		24d. LOCATION (City, town, or county) (State) <u>4th Com University City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 30 1951</u>		REGISTRAR'S SIGNATURE <u>J. G. Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>		ADDRESS <u>4715 McPherson</u>	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James A. [Signature]

Licensed Embalmer No. 4229

Signed.....

Student Embalmer

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.