

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26321

State File No. _____

FILED AUG 6 1952

318

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Registrar's No. 6942

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) University City 4346	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 7163 Princeton Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) MILTON	b. (Middle)	c. (Last) SCHWARTZMAN	4. DATE OF DEATH (Month) (Day) (Year) July 17, 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Nov. 15, 1901	9. AGE (In years last birthday) (Specify) 50	10. MONTHS 8	11. DAYS 2	12. HOURS 2	13. MINUTES
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Jeweler	10b. KIND OF BUSINESS OR INDUSTRY Retail Jewelry	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Abe Schwartzman	13b. MOTHER'S MAIDEN NAME Regina Weiss	14. NAME OF HUSBAND OR WIFE Loretta R. Schwartzman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If reg. give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Mrs. M. Schwartzman-7163 Princeton	ADDRESS 7163 Princeton
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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		INTERVAL BETWEEN ONSET AND DEATH 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension, malignant</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 445X
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22. I hereby certify that I attended the deceased from July 1, 1952, to July 8, 1952, that I last saw the deceased alive on July 18, 1952, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE Jesse Younger, M.D. 0	(Degree or title)	23b. ADDRESS 6341 N. Grand.	23c. DATE SIGNED July 19, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE 7/20/52	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. JUL 18 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Herman... 5246 Palmer	ADDRESS
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

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.