

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6786

State File No. ....

FILED MAR 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1200**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>6 5857 Maffitt</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sadie</b>		b. (Middle) <b>Schwartz</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7, 1954</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>		8. DATE OF BIRTH <b>Unknown</b>		9. AGE (In years last birthday) Months Days <b>ab. 64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USSR</b>		13a. FATHER'S NAME <b>Unk. Yawitz</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Charles Schwartz</b>		ADDRESS <b>5857 Maffitt</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion - recurrent with Myocardial Infarction Atherosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
		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 type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>	
22. I hereby certify that I attended the deceased for <b>50 + 7 yrs</b> , to present, 19____, that I last saw the deceased alive on <b>2/7</b> , 19 <b>54</b> , and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Carl Smith MD</b>		23b. ADDRESS <b>462 N. Taylor St. St. Louis, Mo.</b>		23c. DATE SIGNED <b>2/1/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>2/8/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emet</b>	
24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>		ADDRESS <b>4715 McPherson</b>	

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 .....  
~~Signature of Student Embalmer~~

Signed *Lawrence J. Deane* .....

Licensed Embalmer No. 2988 .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.