

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20738

State File No. _____

FILED JUN 30 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1299

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Ash Grove Township, Mo.</u>		c. LENGTH OF STAY (in this place) <u>4 3/4</u>	c. CITY OR TOWN <u>Univ. City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Jewish Sanatorium</u>					
e. STREET ADDRESS (If rural, give location) <u>7368 Tulane</u>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>FAIVIE</u>	b. (Middle)	c. (Last) <u>SCHWARTZ</u>	(Month) <u>June</u>	(Day) <u>6</u>	(Year) <u>1955</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>FEB. 20, 1875</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Schmiel Gervich</u>		13b. MOTHER'S MAIDEN NAME <u>Dina (unk)</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Schwartz</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Schwartz 7368 Tulane</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebr. Arteriosclerosis</u>				Years <u>Years</u>
	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 <u>332x</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 Nov. 26, 1950, to June 6, 1955, that I last saw the deceased alive on June 6, 1955, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gray H. Sealey</u>		23b. ADDRESS <u>462 No. Taylor</u>		23c. DATE SIGNED <u>6/7/55</u>	
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24a. RURAL CREMATORY NO. (Specify)	24b. DATE <u>6/7/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>Univ. City Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6/7/55</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donato, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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..... *Samuel J. Dineen*
Licensed Embalmer No. 398

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.