

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>8 days</i>		c. CITY OR TOWN <i>University City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jewish Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>710 Eastgate</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>JOSEPH</i> Middle <i>SCHWARTZ</i> Last <i>SCHWARTZ</i>			4. DATE OF DEATH <i>October 7, 1960</i> Month <i>October</i> Day <i>7</i> Year <i>1960</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9/21/1897</i>	9. AGE (last birthday) <i>63</i>	IF UNDER 1 YEAR Months <i>63</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Factory Mgr.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Ladies Handbags</i>		11. BIRTHPLACE (City and state or country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13a. FATHER'S NAME <i>Morris Schwartzman</i>			13b. MOTHER'S MAIDEN NAME <i>Mollie (unknown)</i>			14. NAME OF HUSBAND OR WIFE <i>Anna</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>Yes W.W.I.</i>		16. SOCIAL SECURITY NO. <i>497-03-3306</i>		17. INFORMANT Address <i>Anna Schwartz 710 Eastgate</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of stomach</i>						INTERVAL BETWEEN ONSET AND DEATH <i>May-1960</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						<i>151X</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>May-1960</i> to <i>Oct-7-1960</i> and last saw ^{her} _{him} alive on <i>Oct-7-1960</i> Death occurred at <i>5:30 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) <i>Herman M. Meyer M.D.</i>				22b. ADDRESS <i>4409 West Pine</i>		22c. DATE SIGNED <i>10/8/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>10/9/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>E'nai Amoona Cemetery</i>		23d. LOCATION (City, town, or county) <i>University City, Missouri</i>		STATE <i>Missouri</i>	
24. FUNERAL DIRECTOR <i>Berger Memorial 4715 McPherson Avenue</i>				25. DATE RECD. BY LOCAL REG. <i>OCT 9 1960</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

[Handwritten Signature]

Licensed Embalmer No. 3788

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.