Esther Schwartz's Monument in Acacia Cemetery, Ozone Park, New York.

Courtesy Anthony Pisciotta
Esther Schwartz
and her posthumous influence on children unknown to her in life

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Esther Schwartz’s monument stands at the southern end of Acacia Cemetery, a Jewish cemetery in Ozone Park, Queens County, New York. Her grave is adjacent to the black wrought iron fence that runs along the north side of Pitkin Avenue. Her headstone, like the others in the row, faces out toward Tudor Village, a community of 300 brick homes built in the late 1920s south of Pitkin Avenue.1 It is placed east of the main north-south road that traverses the cemetery.

Those who lived in Tudor Village during the 1940s and 1950s collectively referred to the cemetery as the graveyard. Tudor Village residents would regularly witness burials, and, prior to the Jewish high holy days of Yom Kippur and Rosh Hashanah, the arrival of numerous families who visited the graves of their relatives. They often placed small stones on top of the tombstones to mark their visits. The neighborhood’s young children sometimes placed small stones on top of monuments near the fence out of a sense of empathy for the deceased who they thought were either neglected or forgotten.

Few people visit the cemetery today as many descendants of those long ago interred have themselves passed or relocated to other parts of the city and country. However, until the 1960s, large numbers of visitors came, especially at the time of the high holy Jewish holidays. Those who did not know the required prayers often hired men who stood at the cemetery gates offering to recite them in Hebrew at a given grave. They were generally older bearded men who wore black hats and long black coats, commonly known as “professional mourners.”

Most children who lived in Tudor Village were not Jewish, yet they were aware of activities at the cemetery including funerals, the placement of monuments, the cutting of the grass, and visitation cycles. They were also familiar with some who were interred near the fences where their names, ages, familial status, and epitaphs were easily read. Frequently inscribed on the headstones are the phrases “Gone but not Forgotten,” and “At Rest.” Most monuments have inscriptions in both Hebrew and English, with the former often providing the name of the deceased person’s father and the date of death according to the Jewish calendar.
Esther Schwartz and her posthumous influence

Esther Schwartz's grave and monument

Esther’s monument provides basic information about her. Her photograph, encased in a glass and metal frame, depicts a pretty young teenage girl with short hair wearing a dress with a white collar. She is not smiling. This may be because of a chronic illness or because the photograph represents a formal studio portrait associated with an important event, such as her bat mitzvah, when young Jewish girls come of age and are considered full-fledged members of the community. Literally translated, bat mitzvah means “daughter of the law.” In the conservative or Orthodox community in which Esther was raised, she would have celebrated her bat mitzvah at 12 years of age, shortly before her death.

The three lines in Hebrew at the top of the monument provide Esther’s name, her father’s name, Isaac, and her date of death according to the Jewish calendar. The presence of her photograph on the tombstone indicates that her parents may have immigrated to the United States from Russia.

The surface carvings on Esther’s monument are delicately rendered. The dominant feature is a double-lined heart shape at the top beneath her photograph. It encloses the Hebrew inscription, and beneath this is her name and date of death in English. Farther down, and engraved in the gray granite on a scroll design, are the words “AGE 13 Y’RS.” At the base of the monument is a rectangular configuration enclosing the words, “SISTER, DAUGHTER.” The stone stands on a substantial gray granite base with an intentionally roughened surface.

The grave also has a small footstone on which the words “AT REST” are rendered in relief. Besides her photographic likeness, which has survived the ravages of time and weather, the monument displays exquisite surface designs carved by a master artist. It is significant that at the base of the stone, she is first identified as sister, and then as daughter. This opens the possibility that the monument was ordered by a sibling.

The influence of Esther Schwartz's monument

There was no other grave in Acacia Cemetery that moved Tudor Village children as Esther’s did. It was her photograph at the top of the monument that drew children to her.

She looks out, her mien immutable, onto a busy road and the world beyond, almost as a silent witness to the tragedies and joys that unfold beyond the fence. The light gray color and sculptural form of her tombstone is appealing, which also drew children to it, as did the engraved notice of her death at the age of 13 years.

Children, especially young teenage girls, regularly passed Esther’s grave on their way to and from school, and bonded with her. Even though deceased, Esther became a part of their living childhood universe. My older sisters often stopped to look at her monument, wondered why she had died so young, and where she had lived. They were also interested in knowing something about her life and family.

Esther’s early death made some children grateful that they were still alive. Although parents told their children of Esther’s era, they also reminded them of how they were the beneficiaries of great advances in medicine such as antibiotics and vaccines. However, even with these medical advances, a number of children still came down with scarlet fever, or their blood “turned to water” (leukemia). There was no effective treatment for leukemia, and thus most children diagnosed with it soon died.

One of my sisters had a classmate who became ill with leukemia, and in order to bring some happiness into her
life, the teachers gave her the lead role as a good fairy in a school play. Two months later she died from the disease, and her classmates attended her funeral.

Another of my sister’s classmates died of complications from thyroid surgery for hyperthyroidism. Most children knew of “blue babies,” infants who had died from what were then inoperable congenital cardiac malformations. Accidents and drownings killed other schoolmates, especially during the summer months.

From one perspective, Esther symbolized these collective childhood losses, and her grave was thus a place where they and other tragedies could be mourned. In later years, adults, who as children had been greatly affected by their association with Esther’s grave, expressed these sentiments. They were also interested in knowing if her picture was still intact, and if her grave was well maintained.

These inquiries spoke of the enduring influence well into adult life of a childhood association with the grave of a young girl who no one in the neighborhood had ever met.

The life and death of Esther Schwartz

Esther’s date of death in 1933, along with the name of her father facilitated accessing information about her and the Schwartz family in the Fifteenth United States Census, conducted in 1930.

In 1930, Esther’s family was renting an apartment at 72 Chester Street in the Brownsville section of Brooklyn, Kings County, New York. At the time, this area was a predominately Jewish neighborhood populated by immigrants from eastern Europe and Russia. Esther’s father’s name was listed as Ike, an American nickname for Isaac. He was 48-years-old, literate, and his place of birth was Poland. His first language was Yiddish, and he worked as a tailor. His wife, Ida Pura, was 45-years-old, and illiterate. Her first language was Yiddish, and she was a homemaker.

Esther was the youngest of four children, all of whom were born in New York City. Her siblings were David (24-years-old), Lillian (19-years-old), and Rose (14-years-old). David worked as a salesman in a sweater store, and Lillian was a saleslady in a dress shop. Esther’s age was listed as eight-years-old; therefore she was born in either 1921 or 1922.2

As Alter F. Landesman notes, the Jews of this area were among the most industrialized groups in New York City. Many had migrated to Brownsville in Brooklyn from the Lower East Side of Manhattan after public transportation became available. Seventy percent of working adults were in the apparel industry.3

Esther’s death certificate lists her cause of death as cardiac disease of 10 years duration.4 However, no details are provided about the nature of her heart disease. It is reasonable to assume that Esther died from either a congenital cardiac defect, or rheumatic heart disease. The latter, very common in the pre-antibiotic era, often resulted in valvulitis and pancarditis.5

The legacy of Esther Schwartz

Neither Esther nor her family could have possibly foreseen the influence she would have on young children long after her death. Her death at an early age, the proximity of her grave to a cemetery’s fence, and her poignant photograph on a unique monument attracted the attention of young passersby. Her grave symbolized not only the tragedy of her death, but also the loss of other close childhood friends. It became a place where neighborhood children could mourn their losses and seek solace.

Perhaps the most remarkable aspect of Esther’s legacy is that decades later those who are now grandparents still cherish memories of her place in their early lives.

Acknowledgments

Special thanks to Daniel Ilyayev and Leslie Schechter for translating the Hebrew inscription on Esther Schwartz’s monument. I am very thankful to Lois A. Hahn, who prepared the typescript, and to Dorine Cooper for her assistance with the technical aspects of this publication. I would also like to thank the administration of Acacia Cemetery for their assistance.

References


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criticize if the billing code for reimbursement is not high enough for the practice-expected revenue; demand more patients per hour, per day; and threaten penalties or dismissal if the doctor doesn’t perform to an administrator’s expectations. Administrators have become the doctors, and the doctors have become a commodity.1

Administrators are consuming the cost of medicine. In a recent analysis of the contributing factors to health care costs, administrators now consume 31 percent of total health care costs.2

The practice group where I am employed is wonderful with a great group of physicians. However, the revenue (production), number of patients seen per day to keep the practice “above the hole,” and the required demands of electronic health records are all regularly scrutinized by regulators. Computer invasion is transcending health care.3,4

If I, as the only internal medicine specialist in a complex unispecialty practice, spend more time with a patient who has multi-system, complex diseases, the practice administrators admonish me. If I need more time to explain to the patient their disease or clinical pharmacology of the medications I am prescribing, I am told I am taking too long with one patient. I ponder, “What medical school did these people go to?”

The humanistic practice of medicine—as most of us were trained—is vanishing. The practice of medicine is being engulfed by regulators, administrators, corporations, and unaccountable insurance companies. The result is that the patients suffer.

What can we do? It is unclear if a universal health care implementation would lead to lower administrative costs. There will always be the need for some form of a safety net so we, as a civilized society, can protect the health of all of our citizens. However, the abdication of our physician intellectual and moral commitments to ethical health care is not what is best for our patients, or for us as physicians.

References