WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3961

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4356 Evans Ave., St. ..... Ward)

File No. ..... Registered No. 1210

2. FULL NAME Albert W. Schwartz,

(a) Residence. No. 4356 Evans Ave., St., 11 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Schwartz,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 21, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	2	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Police Captain 187

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer St. Louis Police Dept.

9. BIRTHPLACE (CITY OR TOWN) Philadelphia 2

(STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER Gottlieb Schwartz,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Unknown.

14. INFORMANT Mrs Elizabeth Schwartz

(Address) 4356 Evans

15. FILED JAN 30 1931, 19.. Max C Starkey REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1930, to Jan 28, 1931, that I last saw him alive on Jan 28, 1931, and that death occurred, on the date stated above, at 9:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage from Liver

46E

93C

125B

6 hours.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma Liver

Chronic & Myocarditis (duration) 3 1/2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Louis T. Penn, M. D.

1/20, 1931 (Address) 3148 Olive St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt Lebanon Cemetery	Jan 31 1931

20. UNDERTAKER	ADDRESS
Geo L Pleitsch	5966 Easton

Dr [illegible]

[illegible]