N.B. ...y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CA... 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

MAY 13 1935

Do not use this space.

15031

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3914

City St Louis (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME Louis Schwartz

(a) Residence, No. Treloar, Mo. St., NR 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 Emma Schwartz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23-1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co Mo.

FATHER

13. NAME Fritz Schwartz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Louise Pietzmeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Emma Schwartz Treloar, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warren Co Mo DATE May 1, 1935

19. UNDERTAKER (ADDRESS) Albert H Hopke Inc 429 N Euclid

20. FILED APR 29 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1935, to April 29, 1935

I last saw him alive on April 28, 1935. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate — Date of onset: Indeterminate

51

Other contributory causes of importance:
Uremia

Name of operation Suprapubic Cystotomy Date of 4-19

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Roland Skrepper, M. D.
(Address) 4500 Olive St