MAR 12 1936

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

Do not use this space.

7667

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1318

City St. Louis Mo (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Herman Schwartz

(a) Residence, No. 3136 Nebraska St., 24 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 00 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 20 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Baker
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

FATHER

13. NAME: Herman Schwartz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Henry C. Allen M.D. 5300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sunset Bur. Pk. DATE: Feb. 8, 1936

19. UNDERTAKER (ADDRESS): Witt Bros. L & H Co. 2929 S. Jefferson Av.

20. FILED FEB -5 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1935, to Feb 4, 1936

I last saw him alive on Feb 4, 1936 Death is said to have occurred on the date stated above, at 12 15 P.m.

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

	Date of onset
Chronic myocarditis and arteriosclerosis	12/18/35 +
Other contributory causes of importance: Senile Dementia	12/18/35 +

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) Henry C. Allen, M. D.

(Address) 5300 Arsenal

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.