

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.

**MAY 31 1937**

17865

**1. PLACE OF DEATH**

County *Warren*  
Township *Charrette*  
City *mo*

Registration District No. *887*  
Primary Registration District No. *6176*

File No. \_\_\_\_\_  
Registered No. *14* St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

*Louis N. Schwarz*

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

Length of residence in city or town where death occurred *66* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 21, 1937*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19*35* to *April 21, 1937*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 27 1870*

I last saw *him* alive on *April 21, 1937*. Death is said to have occurred on the date stated above, at *5:10* p.m.

7. AGE *66* YEARS MONTHS *9* DAYS *26* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

*Myocardial Ob*  
*Angina Pectoris*

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) *2/28/37* 11. Total time (years) spent in this occupation *26*

Date of case *1936*

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

Other contributory causes of importance: *94a*

13. NAME *Fred Schwarz*

Name of operation *me* Date of \_\_\_\_\_

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

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

15. MAIDEN NAME *Justine Schloane*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Warrenton mo*

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE *Warrenton mo* DATE *4/27* 19*37*

19. UNDERTAKER (ADDRESS) *Warrenton mo*

24. Was disease or injury in any way related to occupation of deceased? *no*

20. FILED *4/33* 19*37* *H. C. Johnson* Registrar

If so, specify \_\_\_\_\_ (Signed) *H. C. Johnson* M.D. (Address) *Warrenton mo*

