SEP 10 1937

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

Do not use this space.

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File No. 7565

Registered No.

1. PLACE OF DEATH

County 2

Township

City St. Louis (No. 4441 a, Easton Ave. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME John Schwartz

(a) Residence, No. 4441 a Easton 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Brinkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22, 1862

7. AGE: YEARS 75 | MONTHS 1 | DAYS 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 20

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lorraine France

FATHER

13. NAME: Joseph Schwartz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Mary Schwartz 4441 a Easton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial DATE Aug. 10, 1937

19. UNDERTAKER (ADDRESS): Cullen & Kelly 1416 N. Taylor Ave.

20. FILED AUG 10 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1937, to Aug 8th, 1937

I last saw him alive on Aug 7th, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: Senility

Name of operation — Date of —

What test confirmed diagnosis? — 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) Clyde E. Kane, M. D.

(Address) 4625 Newberry

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.

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