

JAN 24 1938

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

46701  
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 489  
 (b) Township Central Primary Registration District No. 6033C  
 (c) City Overland (d) Street No. 9408 Liberty Registered No. 332  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold George Schwartz

(a) Residence, No. 9408 Liberty St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1929

7. AGE YEARS 8 YRS MONTHS 11 MO DAYS 22 DAY If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School boy  
 9. Industry or business in which work was done, as saw mill, bank, etc. RITENOUR GRADE  
 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) St Louis Co Mo

FATHER 13. NAME John C Schwartz

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

MOTHER 15. MAIDEN NAME Anna C. Bressner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co Mo

17. INFORMANT (ADDRESS) John C. Schwartz  
9408 Liberty

18. BURIAL, CREMATION, OR REMOVAL PLACE St Charles Cem DATE Dec 8 1937

19. FUNERAL DIRECTOR (ADDRESS) Barnhart Bros & Co  
Overland Mo

20. FILED 12-6-1937 W. A. Bachman  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 - 1937, to Dec. 6 - 1937. I last saw him alive on Dec. 6 - 1937. Death is said to have occurred on the date stated above, at 11:21 a.m.  
 The principal cause of death and related causes of importance were as follows:

ademia of larynx  
measles  
 Date of onset 12-6-37

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) Ray A. Walther, M. D.  
 (Address) Overland, Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I, Earl Hillman, Licensed Embalmer No. 3501K

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

me L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Earl Hillman

Licensed Embalmer No. 3501K

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**