

REC'D MAY 10 1938

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

13046

Do not use this space.

3650

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 3710 Palm St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Henry Schwarz 620

(a) Residence, No. 3710 Palm St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Louise M

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29. 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 7 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) Warsaw Ill.

FATHER 13. NAME Charles Schwarz

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

MOTHER 15. MAIDEN NAME Wilhelmina Frank

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

17. INFORMANT (ADDRESS) Louise M Schwarz
3710 Palm

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE April 20 1938

19. FUNERAL DIRECTOR (ADDRESS) A Krohn & Co
7707 W Grand Blvd

20. FILED APR 17 1938 J. D. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1936, to April 17 1938
 I last saw him alive on April 16 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Cerebral Hemorrhage Date of onset 4-17-38

Other contributory causes of importance:

Arteriosclerosis Hypertension 8-21-36 8-21-36

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? no

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? _____

If so, specify _____

(Signed) Edgar W. ... M. D.(Address) 4600 A. ...

STATEMENT BY LICENSED EMBALMER

I, Paul H. Krollenberg, Licensed Embalmer No. 2631

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

..... L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed Paul H. Krollenberg

Licensed Embalmer No. 2631

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.)