

REC'D JUL 12 1938

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

19933  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **St. Lukes Hospital** Registered No. **5072**  
(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 **Charles E. Schwarz.**

(a) Residence, No. **709 S. Skinker** St. **5**  
(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) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Edna Hill Schwarz**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 26 1874**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**64 4 5**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Mining Engineer**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) **May 1938** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mattoon, Ill.**  
13. NAME **Edward Schwarz**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
15. MAIDEN NAME **Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Edna Hill Schwarz**  
(ADDRESS) **709 S. Skinker**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Maus. - Ballwin** DATE **June 3, 1938**  
19. FUNERAL DIRECTOR **Alexander & Sons**  
(ADDRESS) **6175 Delmar Blvd.**

20. FILED **JUN 9 1938** **J.P. Brubaker** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 1, 1938**  
22. I HEREBY CERTIFY, that I attended deceased from **May 30, 1938**, to **June 1, 1938**  
I last saw him alive on **June 1, 1938**. Death is said to have occurred on the date stated above, at **6:30 p.m.**  
The principal cause of death and related causes of importance were as follows:

**Cerebral hemorrhage** Date of onset **May 30**  
**g 2d**  
Other contributory causes of importance: **Arterio-sclerosis gen. cerebral** **10 years**  
**Hemorrhagic retinitis** **10 "**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) **Loewen Fischer** M. D.  
(Address) **3720 Washington**

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.

Dr. Walter E. Schell  
3720 Washington Road  
2 - 3 - 60

STATEMENT BY LICENSED EMBALMER

I, jos E. McCulloch, Licensed Embalmer No. 2460

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed jos E. McCulloch  
Licensed Embalmer No. 2460

**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.)**