REC'D JUL 12 1938

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

20676
Do not use this space.

Registration District No. 1003 (791)

Primary Registration District No.

Registered No. 5815

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis. (d) Street No. 1471 Hodiamont Ave. 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 Harry Schwartz.

(a) Residence, No. 5944 Kennerly Ave. St. 6
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1882.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Resturant

9. Industry or business in which work was done, as saw mill, bank, etc. Prop.

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) Pittsburg, Pennsylvania.

FATHER

13. NAME Herman Schwartz.

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

MOTHER

15. MAIDEN NAME Sarah Gross.

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

17. INFORMANT Mrs. Effie Schwartz
(ADDRESS) 5944 Kennerly Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE June 29, 1938

19. FUNERAL DIRECTOR Geo. L. Pletsch Sons
(ADDRESS) 5966 Easton Ave.

20. FILED JUN 28 1938 J. B. Bulick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1934, 19..., to 5/31, 1938
I last saw him alive on 5/31, 1938. Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	4 years
Mitral Stenosis & Insuff	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical 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) Arthur L. Straub, M. D.
(Address) 539 N. Grand Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

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 David C. Gibson

Licensed Embalmer No. 3454

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.)