

OCT 19 1939

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

31740
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Jackson Primary Registration District No. 5017 Registered No. 53
(c) City Jefferson or (d) Street No. W. 11th Amazonia Road 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 632 Paul Theodore Schwartz

(a) Residence, No. Amazonia Rd. Highway K St. (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 Rebecca Schwartz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 27, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Savannah (STATE OR COUNTRY) Missouri

FATHER 13. NAME Ludwig Schwartz

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

MOTHER 15. MAIDEN NAME Julinana Unknown

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

17. INFORMANT Mrs. Rebecca Schwartz (ADDRESS) R.R. #2 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah, Cemetery DATE September 5, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED Sept 5, 1939 Mrs. Jennie Rash Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1939 to Sept. 3, 1939
I last saw him alive on Sept. 7, 1939 Death is said to have occurred on the date stated above, at 2:05A m.
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 8/27/39
Arterio-sclerosis
& hypertension

Other contributory causes of importance:
Pneumonia - bronchitis 9/30/39

Name of operation none Date of 8/27/39
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) S. T. Bloomer, M. D.
(Address) 1218 North 3rd. St. St. Joseph Mo.

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.

RECEIVED

District Health Officer No. 11;

District File No. 1039-1309

Date Filed OCT 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, city

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. Missouri #3946

P. O. Address St. Joseph, Mo.

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.)

If this body is not embalmed, above space should be left blank.