

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12958
Registrar's No. 3388

Registration District No. 7911

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town no
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Park Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks!
In this community 37 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 604 Chestnut St
(If rural, give location)
(e) If foreign born, how long in U. S. A. 55 years! years.

3. (a) PRINT FULL NAME Hugo W Schwarz
3. (c) Social Security 484-07-5310
8. (b) If veteran, name war _____
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 5 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 17
year 1941 hour 5 minute 25 P. M.
21. I hereby certify that I attended the deceased from 3-17, 1941, to 4-17-, 1941,
that I last saw him alive on 4-17-, 1941,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 7 12 hr. min.
9. Birthplace Hamburg Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business Insurance Agent
12. Name Ludwig Schwarz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmine Wedge
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Immediate cause of death Complete pyloric obstruction due to cancer.
Due to Cancer with metastatic process to liver and regional nodes.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations AV
Of autopsy _____
Underline the cause to which death should be charged statistically

MOTHER FATHER
16. (a) Informant's own signature Louis Albers
(b) Address 4452 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 21 /41
(Month) (Day) (Year)
(c) Place: burial or cremation Park Lane
18. (a) Signature of funeral director Louis Albers
(b) Address 4452 Washington
19. (a) APR 19 1941 (b) J. H. Bledich
(If not direct burial registration) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (b) Means of injury _____
23. Signature John J. Bledich (M. or other) ID
Address 4930 Lindell Date signed 4-18

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Ketter

Licensed Embalmer No.....

3880

P. O. Address.....

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.