

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.

FILED JUL 12 1941

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

21646
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
(b) Township Boonville Primary Registration District No. 4182 Registered No. 0
(c) City Hermann (d) Street No. 1 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM JOHN SCHWARTZ

(a) Residence, No. 120 W. 2nd Street St. Hermann, Mo.
(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 Augusta Dufner Schwartz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>0</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer (retired)
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) Oct 31 39
11. Total time (years) spent in this occupation 45

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

13. NAME Henry Schwartz

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

15. MAIDEN NAME Rosina Neidhart

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

17. INFORMANT Mrs. Wm. Schwartz
(ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Georges Cem. DATE 6/24 41

19. FUNERAL DIRECTOR (NAME) Hugo H. Blumer
(ADDRESS) Hermann, Missouri

20. FILED 6-22 1941 Anna K. Ruckhoff 274
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1941

22. I HEREBY CERTIFY, that I attended deceased from June 19, 1941 19... to June 21, 1941

I last saw h. IM alive on June 21, 1941 Death is said to have occurred on the date stated above, at 8 P. m.

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

Carcinoma of stomach Date of onset Mar. 41

Other contributory causes of importance: 46 lb

Name of operation..... Date of.....

What test confirmed diagnosis? X-ray 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?..... If so, specify NO

(Signed) W. A. Deter D.O.M.S.
(Address) Hermann, Mo.

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 Geo. H. Blum

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.