

S. No. 2  
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5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
OCT 18 1941  
791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29987  
Registrar's No. 7326

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution  
5634 Tyrolean  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Otto Schwerzler

3. (b) If veteran, name war No

3. (c) Social Security No. 490-12-4898

4. Sex Male

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa Schwerzler

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Unknown Abt. 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Abt. 70 Unknown hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. INDUSTRY OR BUSINESS

MOTHER FATHER { 12. Name Joseph Schwerzler

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Judith Rueff

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Schwerzler

(b) Address 46654 Tyrolean Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/41  
(Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Wm. G. Maydell

(b) Address 1926 Allen Ave.

19. (a) SEP 10 1941 (Date received local registrar) (b) J. P. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 46654 Tyrolean Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8  
year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 29rd 1941 to Sept. 8 1941  
that I last saw him alive on Sept. 8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexie  
(Cerebral Hemorrhage, Rt. Side) 13 Days  
Duration

Due to Chronic Myocarditis  
& Arterio-sclerosis

Due to \_\_\_\_\_

Other conditions 93  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 93  
Of autopsy 93

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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) (e) Means of injury \_\_\_\_\_

23. Signature Roman J. Hwang (M. D. or other) MD  
Address 4500 A Virginia Ave. Date signed \_\_\_\_\_

**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..... *Benj. C. Duncan* .....

Licensed Embalmer No. *2272* .....

P. O. Address *1926 Allen* .....

**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, fact should be so stated above.**