

39338 ✓

State File No. \_\_\_\_\_

DEC 23 1941

Registration District No. 254

Primary Registration District No. 101

Registrar's No. 2495

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton

(c) Name of hospital or institution: St Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether \_\_\_\_\_)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 2926a Michigan Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Anthony Schwarzmann

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-28-575

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7  
year 1941 hour 10:03 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

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 July 18 1926  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 16 Months 4 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death While riding as a passenger in an auto that collided with another auto on a public highway  
Due to \_\_\_\_\_

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

Due to Subdural hemorrhage of brain

10. Usual occupation Grocery Clerk

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

MOTHER FATHER

12. Name Peter Schwarzmann

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

14. Maiden name Gertrude Duethorn

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

Of autopsy Yes

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Peter Schwarzmann

(b) Address 2926a Michigan Ave

22. If death was due to external causes, fill in the following:

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

(c) Place: burial or cremation New Peter Paul Cem

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 6, 1941

18. (a) Signature of funeral director John H Gebken & Sons

(b) Address 2628 Gravois Ave

(c) Where did injury occur? #66 and Lindbergh  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place  
(Specify type of place)

19. (a) 12/13/41 (b) C. S. McHaron M.D.  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Louis H. Boy (M. D. or other)

707

Address Kirkwood, Mo. 12/8/41 Date signed

WRITE FULLY—USE UNFADING BLACK INK—MAKE 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!

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**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

*Robert J. Gebken*

Licensed Embalmer No. ....

4144

P. O. Address

2630 Gravois

**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.**