No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 23 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Pl 0102 39455
State File No.

Primary Registration District No. 200

Registrar's No. 2569

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
9953 Gravois
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Affton Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 9915 Gravois
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME John B. SChwartz

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Katherine Schwartz

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

7. Birth date of deceased Sept. (Month) 13 (Day) 1866 (Year)

8. AGE: Years 75 | Months 3 | Days 1 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business Farmer

FATHER
12. Name August Schwar tz
13. Birthplace Foreign Born (City, town, or county) unkn (State or foreign country)

MOTHER
14. Maiden name Margret Doll
15. Birthplace Foreign Born (City, town, or county) unkn (State or foreign country)

16. (a) Informant Katherine Schwartz

(b) Address 9915 Gravois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18 (Month) (Day) (Year)

(c) Place: burial or cremation Mattese Mo

18. (a) Signature of funeral director [illegible]

(b) Address [illegible] Michigan Ave

19. (a) DEC 17 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 13, 1941, to Dec. 14, 1941; that I last saw him alive on 12-14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilation	10 hrs.
Due to Chronic myocarditis	yrs.
Due to Chronic nephritis	
Other conditions (Include pregnancy within 3 months of death) Probably Coronary Occlusion	yrs.

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Lewis D. Cruelius (M.D. or other)

Address 341 Lemay Ferry Rd. Lemay, Mo. Date signed 12/16/41

(Licensed Embalmer's Statement on Reverse Side)

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. Olave E. Pendler

Licensed Embalmer No. 41 48

P. O. Address Jenny Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.