

FILED MAR 18 1942
Registration District No. **25**

Primary Registration District No. **3009**

6
14

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

1. PLACE OF DEATH:

(a) County. Cape Girardeau

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

(c) Name of hospital or institution: So. E. Mo. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 weeks
(Specify whether years, months or days)

In this community 10 years

3. (a) PRINT FULL NAME William Schwarz

3. (b) If veteran, name war

3. (c) Social Security No. 500-16-7511

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marie Mellert Schwarz

6. (c) Age of husband or wife if alive 7 years
(Day) (Year)

7. Birth date of deceased Sept 7 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>6</u>hr.min.

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

10. Usual occupation Retired

11. Industry or business Printing Office

12. Name Wilhelm Schwarz

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

14. Maiden name Christine Schillinger

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

16. (a) Informant Miss Wm Schwarz

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Feb. 15 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Bern

18. (a) Signature of funeral director Walters Und. Co.

(b) Address Cape Girardeau Mo

19. (a) 2-16-42 (b) F.W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

(c) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 378 No. Park
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1942 hour 2: minute P M.

21. I hereby certify that I attended the deceased from Jan 24
1938, to Feb. 13, 1942.

that I last saw him alive on Feb 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 4 yrs

Due to.....

Due to..... 93d

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

Major findings:
Of operations no operation

Of autopsy no autopsy

PHYSICIAN
Under the cause 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 R.A. Ritter, M.D. (M. D. or other)
Address Cape Girardeau, Mo Date signed 2-14-42

1014

RECEIVED

District Health Officer No. 4

District File Number 342-360

Date Filed 3-16-42

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 J. W. Rister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, Mo.

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.