

FILED MAY 4 1943

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution:
1913 North Second St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Six months years, months or days

3. (a) PRINT FULL NAME Clayton Harry Schwartz

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hilda Schwartz 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased. October 16 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 5 22 hr. min.

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

10. Usual occupation Filling Station Attendant

11. Industry or business _____

12. Name Henry Schwartz

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Fanny Annet

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

16. (a) Informant Mrs. Fanny Schneider

(b) Address 1525 O. Beach St. Louis, Mo.

17. (a) Burial (b) Date thereof April 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem St. Charles Mo

18. (a) Signature of funeral director H. C. D. Hallmeyer & Sons

(b) Address 801 N. Second St. Charles, Mo.

19. (a) 4-10-43 (b) Clarence G. Uessler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1913 North Second St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Coroner's Inquest
that I last saw him live on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Internal Hemorrhage
Due to Gun shot wound
Other conditions (Include pregnancy within 5 months of death) 166

Major findings: _____
Of operations _____
Of autopsy Gunshot wound passing through diaphragm stomach & renal artery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence April 8, 1943
(c) Where did injury occur? 1913 N. 2nd St. St. Charles Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place) _____
(e) Means of injury Gun shot wound

23. Signature A. P. Enrich Schuy (M. D. or other) _____
Address St. Charles Mo Date signed 4/12/43

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

MOTHER FATHER

MAY 4 1943

JUN 29 1943

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 *John C. Dellmeyer*

Licensed Embalmer No. *2957*

P. O. Address *St Charles Mo*

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

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