S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1944

Registration District No. 3 14

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 12187

Registrar's No. 741

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6614 Bartmer Ave., 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6614 Bartmer Ave., 5
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William L. Schwartz.

3. (b) If veteran, name war No

3. (c) Social Security 493-09-6574

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Victoria M. Schwartz

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 3, 1897.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	0	20	hr. min.

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

10. Usual occupation General Foreman

11. Industry or business Laclede Gas Light Co.

FATHER
12. Name William M. Schwartz
13. Birthplace Unknown Michigan 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Hurley
15. Birthplace unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Victoria M. Schwartz
(b) Address 6614 Bartmer Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27/44
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark,
(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 28 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1944 hour 11.45 minute P.M. M.

21. I hereby certify that I attended the deceased from 6-29-42
, 19 , to 3-22 , 1944;
that I last saw him alive on 3-20-44 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic heart disease c̄ auricular fibrillation	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95

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 Wayne O. Sorkin M. D. or other MD
Address 2739 No. Grand Date signed 3-24-44

Copies
330
29/44

107

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 9 1944

Dr. Wayne O. Gorle
2739 N. Grand Ave.,
NE. 1270
1-3 P.M.

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.....

Licensed Embalmer No. 3575

P. O. Address.....

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.