V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12188

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 748

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2838 Bartold
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Edward Schwarz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M D

5. Color or race Wh

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Louise Schwarz,

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec (Month) 26 (Day) 1864. (Year)

8. AGE: Years 79 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Ret

11. Industry or business

FATHER 12. Name Anton Schwarz,

13. Birthplace Unknown (City, town, or county) Germ. 4 (State or foreign country)

MOTHER 14. Maiden name Philipine Fiegenger,

15. Birthplace Unk. (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Mrs. Louise Schwarz,

(b) Address 2838 Bartold. Maplewood.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/28/44 (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cemty.

18. (a) Signature of funeral director Louis H. Bopp, Inc

(b) Address Kirkwood, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sudden death without medical attendance, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arteriosclerosis of the coronary arteries	Indef.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 A	
Of autopsy Occluding sclerosis of the coronary arteries	

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 H. S. Breyfogle (M. D. or other) M.D.

Address 601 Brentwood, Clayton Date signed 3/25/44

(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 Felix Duriard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.