

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39789**

FILED DEC 27 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10670**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5071 Ridge Ave. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **1** years, months or days)

3. (a) PRINT FULL NAME **Daniel Schwartz**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Unknown**

4. Sex **0 Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Minnie A. Schwartz** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **May 24 1877 ?** (Month) (Day) (Year)

8. AGE: ~~67~~ Years **67** Months **6** Days **19** .If less than one day hr. min.

9. Birthplace **Rolla, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Night Watchman**

11. Industry or business

12. Name **Peter Schwartz**
13. Birthplace **Unknown Germany 4** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Dixon**
15. Birthplace **Unknown Tennessee 1** (City, town, or county) (State or foreign country)

16. (a) Informant **Minnie Schwartz**
(b) Address **5071 Ridge Ave.**

17. (a) **Burial** (b) Date thereof **12/15/44** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Hill Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **DEC 14 1944** (b) *J. J. Bueck* (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mad**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **5071 Ridge Ave.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **11**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12-13-44** day year hour **9** minute **25** A.M.

21. I hereby certify that I attended the deceased from **12-15-38**, 19, to **12-2-44**, 19, that I last saw h. **im** alive on **12-2-44**, 19, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis - occlusion** Duration **?**
Due to **Hypertensive cardio-vascular disease** **?**
Arteriosclerotic heart disease **?**
Due to **Angina pectoris** **?**

Other conditions (Include pregnancy within 3 months of death) **92**

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?

While at work? (Specify type of place) (a) Means of injury

23. Signature *Robcoe Carney, Jr.* (M. D. or other) Address **St. Louis, Mo.** Date signed **12-13-44**

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.....

Albert N. Hoppe

Licensed Embalmer No.....

1867

P. O. Address.....

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

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