. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35839

State File No.

FILED NOV 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. ~~9844~~

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution 2011 Virginia Ave (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 Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1717

(d) Street No. 2011 Virginia Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Minnie Schwarz ~~(Lee Kohlhauff)~~

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Hugo Schwarz

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

7. Birth date of deceased 2 (Month) - 8 (Day) - 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	2	hr. min.

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

10. Usual occupation Cafeteria Worker

11. Industry or business Beaumont High School

FATHER
12. Name Jacob Kohlhauff 4
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Sophie Wallenbrock
15. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Elizabeth Schwarz Kelly
(b) Address 2011 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard

19. (a) NOV 14 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10" year 1945 hour 8:15 P.M. minute M.

21. I hereby certify that I attended the deceased from 11/3, 19, to 11/10, 19 45 that I last saw h alive on 11/10, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Gl myocarditis

Major findings: Of operations

Of autopsy

Duration

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 R Berg (M. D. or other)

Address 2253 Nebraska Date signed 11/13/45

(Licensed Embalmer's Statement on Reverse Side)

Barry
2253 Nebr

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 Ketter

Licensed Embalmer No. 3880

P. O. Address St. Louis 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.