

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **904**  
Registrar's No. **42**

**FILED JAN 31 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff  
(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 Jaw

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

(d) Street No. 2349 Menard St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MARTIN SCHWAB

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Elizabeth Schwab 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan 8 1866  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 1st  
year 1946 hour 10:10 minute P M.

21. I hereby certify that I attended the deceased from 12/27/45  
19\_\_\_\_ to 1/2/46 19\_\_\_\_  
that I last saw him alive on 1/2/46 19\_\_\_\_  
and that death occurred on the date and hour stated above.

**8. AGE:**

| Years     | Months    | Days      | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>79</u> | <u>11</u> | <u>23</u> | _____ hr. _____ min. |

Immediate cause of death Generalized arterio-sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Salesman Sewing Mach.

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name John Schwab

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Ruppert

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

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence Schwab

(b) Address 2349 Menard St.

17. (a) Burial (b) Date thereof 1-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul Cem.

18. (a) Signature of funeral director Witt Bro. & New

(b) Address 2929 S. 46th Person Av.

19. (a) JAN 3 1946 (b) J. F. Brasch  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature Herbert C. July  
(Specify type of place) (e) Means of injury (D. or other)  
Address 1515 Lafayette 1/2/46

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**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.....  
..... *Davis* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Edgar F. Witt* .....

Licensed Embalmer No..... *2117* .....

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.**