

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 93

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Days
(Specify whether years, months or days)
 In this community 43 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
 (d) Street No. 715 North 12th. Street 7
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Rudolph Schwarz
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 20th.
 year 1946 hour 5 minute 30 P. M.
 21. I hereby certify that I attended the deceased from 10-4-45
 19 to 1-20-46 19 ;
 that I last saw h. im alive on 1-20-46 19 ;
 and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Rose Vogt Schwarz
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased April 20 1877
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
 Due to arterial sclerosis
 Due to _____
 Other conditions J3a
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
68 9 0 hr. _____ min.

Major findings: no operation
 Of operations _____
 Of autopsy Deceased Aborted (Phonetic)

9. Birthplace Hamburg Germany //
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

11. Industry or business Government Meat Inspector
 12. Name John Schwarz //
 13. Birthplace Hamburg Germany /
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Holsten
 15. Birthplace Hamburg Germany L
(City, town, or county) (State or foreign country)

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) (e) Means of injury
 23. Signature Floyd H. Dawson (M. D. or other) 0
 Address St. Joseph, Mo. Date signed 1-21-46

16. (a) Informant Rose V. Schwarz /
 (b) Address 715 No. 12th. St., St. Joseph, Mo.
 17. (a) Burial (b) Date thereof 1/25/ 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olivet Cemetery
 18. (a) Signature of funeral director Walter Meierhoffer
 (b) Address 1302 Faraon, St. Joseph, Missouri
 19. (a) Jan. 26, 1946 (b) _____
(Date received local registrar) (Registrar's signature)

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

3707

34

FEB 18 1945

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 R. Harrington*
Licensed Embalmer No. 3258 Missouri.
P. O. Address. St. Joseph, Missouri.

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.