

FILED JUN 6 1946
318

Primary Registration District No. _____

1003

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

1. PLACE OF DEATH:

(a) County _____
(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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 1/2 Months**
(Specify whether _____)
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Schwartz, Joseph John**

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

4. Sex **Male** **5. Color or** **White** **6. (a) Single, widowed, married,** **divorced** **Married**
6. (b) Name of husband or wife **Elizabeth** **6. (c) Age of husband or wife if** **alive** **61** **years**
7. Birth date of deceased **February 14, 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	3	11	_____ hr. _____ min.

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

10. Usual occupation **Signal Maintenance Man**

11. Industry or business **Terminal RR Ass'n**

12. Name **unknown**
13. Birthplace **do**
(City, town, or county) (State or foreign country)
14. Maiden name **do**
15. Birthplace **do**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Schwartz**
(b) Address **4217 Schiller,**

17. (a) **Burial** **(b) Date thereof** **5/27/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**
(b) Address **4016 Chippewa,**

19. (a) **MAY 26 1946** **(b)** **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **4217 Schiller,**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25**
year **1946** hour **12** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **May 25**, 1946, to **May 25**, 1946;
that I last saw him alive on **May 25**, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinomatosis**
Primary Site Undetermined
Wined.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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? _____ (c) Means of injury **D**

23. Signature **Vincenta Sherrill** (M. D. or other) _____
Address **Me. Pac. Hosp. St. Louis,** **Date signed** **5-25-46**

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.....

Licensed Embalmer No. 4853

P. O. Address J. Allen Davis, Jr.

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.