

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

**FILED** MAY 16 1946  
Registration District No. **318**

Primary Registration District No. **1003**

**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:  
**2134 S. 4th St.**  
(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.....  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2134 S. 4th St.**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

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

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

**3. (c) Social Security** No **No**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **May** day **2**  
 year **1946** hour **4** minute **00 P.** M.

**21. I hereby certify that I attended the deceased from**....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....,  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

**4. Sex** **Male** **5. Color or race** **White**

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

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

**7. Birth date of deceased**.....  
(Month) (Day) (Year)

**Duration**

*Coronary Sclerosis*  
*Arteriosclerosis*

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

**8. AGE:** Years **81** Months **?** Days **?**  
If less than one day hr. min.

**PHYSICIAN**

Major findings:  
 Of operations.....  
 Of autopsy.....

Underline the cause to which death should be charged statistically.

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

**10. Usual occupation** **Retired**

**11. Industry or business**.....

**MOTHER FATHER**

**12. Name** **John Schwartz**

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

**14. Maiden name** **Katherine Meeker**

**15. Birthplace** **Germany**  
(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?  
(Specify type of place)

**16. (a) Informant** **William Schwartz**

**(b) Address** **800a Hickory St.**

**17. (a) Burial**..... **(b) Date thereof** **5/4/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Concordia Cemetery**

**18. (a) Signature of funeral director** **Weick Bros.**  
**(b) Address** **2201 S. Grand Bl.**

**19. (a) MAY 3 1946** **(b) J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

**23. Signature** **Patricia E. Taylor Depew**  
(M. D. or Other)  
**Address** **1300 Clark** **Date** **5-8-46**

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

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166

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231  
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Coroner

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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.....

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

Signed..... *Dan A. Stewart* .....

Licensed Embalmer No..... 3722 .....

P. O. Address..... 412 Duchouquette St. .....

**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.**