No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29502

FILED SEP 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8349

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: 4010 CONNECTICUT 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 MO. (b) County Oao

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4010 CONNECTICUT ST.
(If rural, give location)

16 (e) Citizen of foreign country? (Yes or No) 9 0

If yes, name country

3. (a) PRINT FULL NAME VIOLA SCHWARZ

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE.

5. Color or race W

6. (a) ~~Single~~, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHRIS SCHWARZ

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

7. Birth date of deceased NOVEMBER 30 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 1 If less than one day hr. min.

9. Birthplace GOLDEN CITY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

FATHER
12. Name VICTOR PIROT
13. Birthplace FRANCE
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNK. UNKNOWN
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Chris Schwarz
(b) Address 4010 Connecticut St

17. (a) BURIAL (b) Date thereof SEPT 3-47
(Burial, ~~cremation, or removal~~) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Green Mt. Belleville Ill

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) SEP 2 1947 (b) J. F. Brekeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 31 day 1947
year hour 9 30 minute A.M.

21. I hereby certify that I attended the deceased from April 6, 1946, to Aug 31, 1947
that I last saw her alive on Aug 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insufficiency
& Stenosis

Due to

Due to

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

Major findings:
Of operations —

Of autopsy —

Duration
?
over 3 yrs

PHYSICIAN
Underline the cause of 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 Arthur E. Stewart (M. D. ~~or other~~)
Address 539 N. Grand Date signed 9/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.