FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1948

State File No. 3070

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 658

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

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: 1809 Montgomery 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 72 years 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. 1809 Montgomery St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Emil Schwartz
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife late Catherine Schwartz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 10th (Day) 1866 (Year)

8. AGE: Years 81 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER
12. Name Herman Schwartz
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Alice Wahle
(b) Address 1809 Montgomery St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JAN 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st year 1948 hour 3:30 PM minute M.

21. I hereby certify that I attended the deceased from Oct 15 1948, 19 to Jan 21 1948; that I last saw him alive on Jan 21 48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	1 da
Acute Myocarditis	3 da.
Due to: Arteriosclerosis	3 mo
Due to: Ch. Nephritis	3 mo
Other conditions: Senility (Include pregnancy within 3 months of death)	3 mo.

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. or other)
Address 1875 Maden Date signed 1-24-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Mil

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 John C. Buckholtz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Av

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.