S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3577
Primary Registration District No. 6076
Registrar's No. 293

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

1. PLACE OF DEATH:
(a) County SAINT LOUIS
(b) City or town COUNTRY CLUB HILLS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5566 SUNBERRY DRIVE
(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 SAINT LOUIS 96
(c) City or town COUNTRY CLUB HILLS
(If outside city or town limits, write "RURAL")
(d) Street No. 5566 SUNBERRY DRIVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME AGNES SCHWARTZ
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. OTTO SCHWARTZ
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased SEPTEMBER 16th, 1907 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	4	15	..... hr. ..... min.

9. Birthplace PANA, ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business .....
FATHER
12. Name ANTHONY GUZY
13. Birthplace POLAND 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY HATALA
15. Birthplace AUSTRIA-HUNGARY 4 (City, town, or county) (State or foreign country)
16. (a) Informant MR. OTTO SCHWARTZ
(b) Address 5566 SUNBERRY DR. COUNTRY CLUB HILLS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD
19. (a) 2-2-48 (Date received local registrar) (b) Beal A. Hay MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 31st year 1948 hour 10 minute 45 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.

	Duration
Immediate cause of death traumatic injury to liver after striking a post when thrown from a sled	
Due to	
Due to 1952	
Other conditions ..... (Include pregnancy within 3 months of death) 19	
Major findings: Of operations	
Of autopsy same	

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) Accident 96
(b) Date of occurrence January 31, 1948
(c) Where did injury occur? Mennings, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public street (Specify type of place)
While at work? ..... (e) Means of injury Blunt impact
23. Signature Arnold J. Willmann (M. D. or other) Coroner
Address Clayton, Mo. Date signed 2/2/48

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

FEB 18 1948

Conklin

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 A. Mlenar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.