

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County...
(b) City or town... St. Louis, Mo.
(c) Name of hospital or institution... Barnes Hospital
(d) Length of stay: In hospital or institution... 27 days
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... St. Louis
(c) City or town... Clayton
(d) Street No... #3 Harcourt Drive
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME... CLARENCE A Schwabe
3. (b) If veteran, name war...
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month... March day... 6
year... 1948 hour... 1 minute... 25 A.M.

4. Sex... Male 5. Color or race... White
6. (a) Single, widowed, married, divorced... Married
6. (b) Name of husband or wife... Maxine Schwabe
6. (c) Age of husband or wife if alive... 47 years
7. Birth date of deceased... Sept. 17 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from... Feb 8 1948 to... March 6 1948
that I last saw him alive on... March 6 1948
and that death occurred on the date and hour stated above.
Immediate cause of death... myocardial infarct
Duration long

8. AGE: Years Months Days If less than one day
59 5 19 hr. min.

Due to... coronary thrombosis
Due to... arteriosclerotic heart disease
Other conditions... (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy... Coronary atherosclerosis

9. Birthplace... Charleston West, Va.
10. Usual occupation... Realtor
11. Industry or business... Lesser-Goldman Co.
12. Name... Unknown
13. Birthplace... Unknown
14. Maiden name... Unknown
15. Birthplace... Unknown

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant... Mrs. Maxine Schwabe
(b) Address... #3 Harcourt Drive
17. (a) Burial (b) Date thereof... 3-8-48
(c) Place: burial or cremation... Mt. Sinai Cemetery
18. (a) Signature of funeral director... Herman Rindox, Inc.
(b) Address... 5216 Delmar Blvd.
19. (a) MAR 17 1948 (b) J. Z. Bickner
(Date received from registrar) (Registrar's signature)

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?
While at work (Specify type of place) (e) Means of injury
23. Signature... Ray H. Stueben (M. D.)
Address... Barnes Hospital Date signed... 3/6/48

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

MOTHER FATHER

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.....

P. O. Address.....

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.