

Registration District No. 318 Primary Registration District No. 1

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:
3254 No. 19th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3254 No. 19th Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3: (a) PRINT FULL NAME Clara Sophie Schwarze
 3: (b) If veteran, name war _____ 3: (c) Social Security No. 494-07-8484
 4. Sex Female 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: October 24 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
 year 1948 hour 6:00 minute A M.
 21. I hereby certify that I attended the deceased from 1-22-47, 1947, to 3-25, 1948
 that I last saw OR alive on 3-24-48, 1948; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>66</u>	<u>5</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death Coronary Heart Disease Duration 15 mo.
 Due to _____
 Due to 102
 Other conditions Hypertension 15 mo.
(Include pregnancy within 3 months of death)

9. Birthplace Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Clerk
 11. Industry or business Zenker Confectionery Co.
 12. Name Henry Schwarze
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Maria Uffman
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Schwarze
 (b) Address 3254 N. 19th Street
 17. (a) Burial (b) Date thereof: 3 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery
 18. (a) Signature of funeral director Beiderwieden Funeral Home Inc.
 (b) Address 1936 St. Louis Avenue
 19. (a) MAR 25 1948 (b) J. F. Bradock
(Date received local 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 J. E. Tappal (M. D. or other) MD
 Address 4222 N. Grand Date signed 3-25-48

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

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17
9

72-8

4222 N. Grand Blvd.
C E 6825
T.L.L. 2 22

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 Paul H. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis 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.