FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18006

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4811

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: 5707 McPherson
(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 000

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

(d) Street No. 5707 McPherson 9
(If rural, give location)

(e) Citizen of foreign country? 5 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME EMANUEL I. SCHWARZ

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Birdie Bing Schwarz

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May (Month) 5 (Day) 1863 (Year)

8. AGE: Years 85 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) Hungary (State or foreign country) 4

10. Usual occupation Retired

11. Industry or business Advertising

FATHER
12. Name Abraham Schwarz 11
13. Birthplace Austria (City, town, or county) Hungary (State or foreign country) 7

MOTHER
14. Maiden name Unknown
15. Birthplace Austria (City, town, or county) Hungary (State or foreign country) 4

16. (a) Informant Mrs. Emanuel I. Schwarz
(b) Address 5707 McPherson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf, Inc.
(b) Address 5216 Delmar Blvd.

19. (a) MAY 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1948 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from March 13, 1944, to May 24, 1948 that I last saw him alive on May 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary Thrombosis	1 day
Due to Coronary type Myocarditis	6 yrs
Due to	
Other conditions Chronic Bronchitis	?
(Include pregnancy within 3 months of death)	

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 0

23. Signature [signature] (M. D. ~~or other~~)

Address 462 Mo Taylor Date signed 5/25/48

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

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

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 Kellerer

Licensed Embalmer No. 3880

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.