

FILED NOV 9 1948

Registration District No. 3148

Primary Registration District No. 3062

Registrar's No. 2157

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9410a Litzinger Rd.
(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

3. (a) PRINT FULL NAME Stewart Leo Schwade

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>7</u>	<u>19</u>	_____ hr. _____ min.

9. Birthplace Rock Hill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery Owner

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis Schwade

{ 13. Birthplace Rock Hill, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Martha Stewart

{ 15. Birthplace Rock Hill, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Schwade

(b) Address 9410a Litzinger Rd.

17. (a) Burial (b) Date thereof 10-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd.

19. (a) 10-23-48 (b) Carla Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")

(d) Street No. 9410a Litzinger Rd. 1
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1948 hour _____ minute _____ 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.

Immediate cause of death self-inflicted gunshot wound of left side of chest near the heart. 164c

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence October 22, 1948.

(c) Where did injury occur? Rockhill Village, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place) Gunshot wound
While at work? _____ Means of injury _____

23. Signature Arnold J. Willmann Coroner
Address Clayton, Mo. Date signed 10/25/48

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..... *J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

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.