

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3251**
939
Registrar's No. _____

FILED FEB 14 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY CITY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (in this place) 24 hours		d. STREET ADDRESS (If rural, give location) 8104 Gannon	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) Mrs. Sarah Smith Schwartz			4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1949		
a. (First)		b. (Middle)		c. (Last)	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Aug. 18, 1879	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 4 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Anthony Smith		13b. MOTHER'S MAIDEN NAME Catherine Fawcett		14. NAME OF HUSBAND OR WIFE: Robert J. Schwartz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jas. D. Hennigan	
(If yes, give war or date of service)				ADDRESS 8140 Gannon	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis			DUE TO (b) acute nephritis			10 yrs		
ANTECEDENT CAUSES			DUE TO (c) asthma			14 days		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS			10 yrs		
Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Sept, 1930, to Jan 30, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Hansen MD (Degree or title)		23b. ADDRESS 4903 Delmar Ave		23c. DATE SIGNED Jan 31/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-1-49		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	
				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. JAN 31 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Alexander Sons	
				ADDRESS 6175 Delmar	

(Licensed Embalmer's Statement on Reverse Side)

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

MR

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Palma

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.