

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11080

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON BRKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>587 1/2 Walsh</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet Administration Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>JOHN</u>	a. (First)	b. (Middle) <u>E</u>	c. (Last) <u>SCHWARZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 19 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>married</u>	8. DATE OF BIRTH <u>8/29/89</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>59 5 20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Conrad Schwarz</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Reising</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian Schwarz</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	16. SOCIAL SECURITY NO. <u>488-10-1900</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Registrar, VA Hospital, Jeff Brks, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL ACCIDENT</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIO-VASCULAR DISEASE</u> DUE TO (c) <u>443 t</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 2/15/49, 1949, to 2/19/49, 1949, that I last saw the deceased alive on 2/19/49, 1949, and that death occurred at 1:50A m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Stilwell, MD</u>	(Degree or title)	23b. ADDRESS <u>VA HOSPITAL, JEFF BRKS, MO</u>	23c. DATE SIGNED <u>2/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-21-49</u>	REGISTRAR'S SIGNATURE <u>Richard V. L...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser-4228 S. Kingshighway</u>	ADDRESS
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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-----

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address 4228 De King Highway

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.