

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25272  
6293  
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 000					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		1190			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home 4				d. STREET ADDRESS (If rural, give location) 220 N. D. Park Plaza Hotel Kingshighway					
3. NAME OF DECEASED (Type or Print) ISIDOR			a. (First) 4385 Maryland		c. (Last) SCHWARZ		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 27, 1867		9. AGE (In years last birthday) 81	
								IF UNDER 1 YEAR Months 8	
								IF UNDER 24 HRS. Min. 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MM</i>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Detroit, Michigan		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Samuel Schwarz			13b. MOTHER'S MAIDEN NAME Bertha Weis			14. NAME OF HUSBAND OR WIFE Jennie T. Schwarz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. I. Schwarz - Park Plaza Hotel				
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) Cerebral thrombosis				4 mo	
				ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis				years	
				DUE TO (c) Diabetes mellitus				years	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 61					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 21st					
22. I hereby certify that I attended the deceased from 1945, to present, that I last saw the deceased alive on 7/19, 1949, and that death occurred at 1 p. m., from the causes and on the date stated above.									
23a. SIGNATURE Edward Messel (Degree or title) _____				23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 7/19/49			
24a. BURIAL, CREMATION REMOVAL (Specify) Cremation		24b. DATE 7/20/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. 7-20-1949		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hermann Rudolph, 5216 Belmont				

(Licensed Embalmer's Statement on Reverse Side)

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

*Paul*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed.....  
Student Embalmer

Signed *John Lewis*  
Licensed Embalmer No. *4053*

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.