

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43134

State File No. _____

04788

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 1063 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Saint Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Saint Louis b. COUNTY MO	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Missouri	
c. LENGTH OF STAY (in this place) 1 hour		d. STREET ADDRESS (If rural, give location) 6400 Potomac	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis County Hospital			
3. NAME OF DECEASED a. (First) HELEN		b. (Middle) _____ c. (Last) SCHWARTZ	
(Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 26 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-1-1878
9. AGE (In years last birthday) 72		10. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Oregon		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE Frederick H. Schwartz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Fred. H. Schwartz ADDRESS _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture compound, comminuted of tibia & fibula</p> <p>ANTECEDENT CAUSES Fracture of ribs (all).</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Multiple lacerations (see)</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>		<p>INTERVAL BETWEEN ONSET AND DEATH 8:19.4</p> <p>31</p>	
---	--	---	--	--	--

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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hi. 40 - CREVE COEUR, ST. LOUIS, MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 25 49 9A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Occupant of Auto that Struck Bridge	

22. I hereby certify that I attended the deceased from 12-25, 1949, to 12-26, 1949, that I last saw the deceased alive on 12/26, 1949, and that death occurred at 12:25 m., from the causes and on the date stated above.

23a. SIGNATURE Charles R. Doyle MD (Degree or title)		23b. ADDRESS 634 N. Grand, St. L. 3		23c. DATE SIGNED 12/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 12/29/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) Saint Louis County Mo					

DATE REC'D BY LOCAL REG. 12-24-49		REGISTRAR'S SIGNATURE Hesbert R. Alonzo, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Truth Center Mortuary 4024 Lindell	
--	--	--	--	--	--

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

76
2
3

Assessed at 11 11 11

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 *Allen Davis Jr*

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.