

U.S. No. 300
REV. 10-48

FILED JAN 26 1950

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
STANDARD CERTIFICATE OF DEATH

3006
State File No. 443
Registrar's No. 443

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		d. STREET ADDRESS (If rural, give location) 5427 Devonshire	
3. NAME OF DECEASED (Type or Print) a. (First) LOLA b. (Middle) NAOMI c. (Last) SCHWARTZ		4. DATE OF DEATH (Month) (Day) (Year) Jan 14, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/8/1897
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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) Strasburg, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lawrence Loar	
13b. MOTHER'S MAIDEN NAME Nellie Morris		14. NAME OF HUSBAND OR WIFE Charles	
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 C. Schwartz		ADDRESS 5427 Devonshire	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from cerebral artery (cerebral apoplexy) INTERVAL BETWEEN ONSET AND DEATH 15 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Hypertensive Heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 5+ yrs.	
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) 443 X	
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?			
22. I hereby certify that I attended the deceased from Feb. 5, 1945 , to Jan. 14, 1950 , that I last saw the deceased alive on Jan. 14, 1950 , and that death occurred at 9:25 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Grant Medical Clinic per Grace E. Berger, M.D.		23b. ADDRESS 114 N. Taylor Ave; St. Louis	
23c. DATE SIGNED 1/15/50		23d. NAME OF CEMETERY OR CREMATORY B'nai Amoona	
23e. LOCATION (City, town, or county) (State) University City Mo.		23f. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	
23g. ADDRESS 4715 McPherson		DATE REC'D BY LOCAL REG. JAN 16 1950	
REGISTRAR'S SIGNATURE [Signature]		23h. FUNERAL DIRECTOR'S SIGNATURE [Signature]	

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

2009
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Tail

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.

Signed *Quirio Jandura*

Signed _____
Student Embalmer

Licensed Embalmer No. 4229

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.