No. 300
10-48

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28648

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7123

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GIETNER HOME 5000 S BROADWAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 21.59
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d. STREET ADDRESS (If rural, give location): 5000 S. BROADWAY

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle):
c. (Last): SCHWARZ

4. DATE OF DEATH (Month) (Day) (Year): AUG 21, 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC 27, 1875
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: JULIUS THIELE
13b. MOTHER'S MAIDEN NAME: CLARA LAUCKNER
14. NAME OF HUSBAND OR WIFE: HENRY 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 ADDRESS: ARTHUR BADER 4117 MARGARETTA

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Rheumatoid Arthritis — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial hypertension
DUE TO (c)

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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 122.0

22. *I hereby certify that I attended the deceased from* Oct 11, 1946, *to* Aug 21, 1950, *that I last saw the deceased alive on* Aug 21, 1950, *and that death occurred at* 5-P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. C. Herchmroeder M-D
23b. ADDRESS: 5000 S Broadway
23c. DATE SIGNED: 8/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 24, 1950
24c. NAME OF CEMETERY OR CREMATORY: VALHALLA CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS CO. MO

DATE REC'D BY LOCAL REG.: AUG 22 1950
REGISTRAR'S SIGNATURE: J. B. Sasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Aikron L & Co 2707 N Grand

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1956

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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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.