

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

1003

State File No. 6637

1195

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				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 town) <u>St. Louis,</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4022 Nebraska Ave.,</u>				d. STREET ADDRESS (If rural, give location) <u>4022 Nebraska Ave.,</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Schwarz,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 4, 1951</u>	
5. SEX <u>Female,</u>		6. COLOR OR RACE <u>White,</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed, ✓</u>		8. DATE OF BIRTH <u>May 31, 1873</u>	
9. AGE (In years) (last birthday) <u>77</u>		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) <u>At Home,</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany,</u> 4	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>August Mohrhardt,</u>				13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>George J. Schwarz, (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agnes Schwarz, 4022 Nebraska Ave.,</u>			
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) <u>Cardiac Decomposition</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 Days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Chronic arthritis</u>						15 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)			
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? <u>4500</u>			
22. I hereby certify that I attended the deceased from <u>May</u> , 1942, to <u>Feb. 4</u> , 1951, that I last saw the deceased alive on <u>Feb. 4</u> , 1951, and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Johnson M. D.</u> (Degree or title)				23b. ADDRESS <u>6400 Maryland</u>		23c. DATE SIGNED <u>2-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial, 1)</u>		24b. DATE <u>2/7/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 6 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Insater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 ME

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John E. Percy

Licensed Embalmer No. 4084

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo

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.