

FILED SEP 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30055

BIRTH NO. 51810-51 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE PENNA. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MCKEESPORT 8370	
c. LENGTH OF STAY (In this place) 6 DAYS		d. STREET ADDRESS (If rural, give location) 619 WALNUT Y	
d. FULL NAME OF HOSPITAL OR INSTITUTION WRIGHT MEM. HOSP.			

3. NAME OF DECEASED (Type or Print) BERNARD	a. (First)	b. (Middle)	c. (Last) SCHWARTZ JR.	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 28, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUGUST 13, 1951	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 6	IF UNDER 12 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TRENTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME BERNARD SCHWARTZ SR.	13b. MOTHER'S MAIDEN NAME MARY LUCZA	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MR BERNARD SCHWARTZ ADDRESS MCKEESPORT PENNA.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 6 m 7 mo's DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 776X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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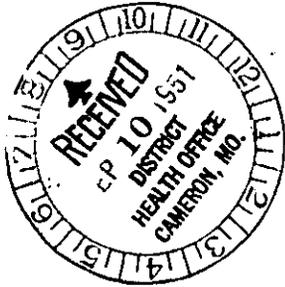
22. I hereby certify that I attended the deceased from Aug 13, 1957, to Aug 19, 1957, that I last saw the deceased alive on Aug 18, 1957 and that death occurred at 2 a.m., from the causes and on the date stated above.

22a. SIGNATURE E. A. Duffy MD	22b. ADDRESS Trenton Mo	22c. DATE SIGNED Aug 20 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 20, 1951	24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE	24d. LOCATION (City, town, or county) (State) TRENTON, MISSOURI
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DATE REC'D BY LOCAL REG. 8/20/51	REGISTRAR'S SIGNATURE Irene Jali	25. FUNERAL DIRECTOR'S SIGNATURE Charles D. Lefebvre	ADDRESS Trenton, Mo.
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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

Charles D. Sisson

Licensed Embalmer No. 3109

P. O. Address Greentown, 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.