

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43321

FILED JAN 10 1952

State File No. 11040
Registrar's No. 11040

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 11040 | | Registrar's No. 11040 | | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | c. LENGTH OF STAY (In this place) _____ | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | d. STREET ADDRESS (If rural, give location) 4238 Beck Ave. | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4238 Beck Ave. | | | | 3. NAME OF DECEASED a. (First) Arthur (Type or Print) | | | | b. (Middle) F. | | c. (Last) Schwarz Sr. | | 4. DATE OF DEATH (Month) (Day) (Year) 12/11/51 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widower | | 8. DATE OF BIRTH Aug. 3, 1879 | | 9. AGE (In years last birthday) 72 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 10 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | | | 10b. KIND OF BUSINESS OR INDUSTRY -- | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Fred Schwarz | | | | 13b. MOTHER'S MAIDEN NAME Amelia Bolz | | | | 14. NAME OF HUSBAND OR WIFE Della | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No | | | | 16. SOCIAL SECURITY NO. 88-07-6875 | | 17. INFORMANT'S SIGNATURE OR NAME Arthur F. Schwarz Jr. ADDRESS 5631 Sutherland | | | | | | | |
| 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) Carcinoma Vocal Cords INTERVAL BETWEEN ONSET AND DEATH 18 months ANTECEDENT CAUSES Metastases to lungs DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Arterio Sclerosis - Cholesterol 8 years Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION Dec. 1950 Biopsy was vocal cords showed carcinoma | | | | | | 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) (Min.) _____ | | | | | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 161X | | | | | | | | | | | |
| 22. I hereby certify that I attended the deceased from March 1946 , to Dec. 11, 1951 , that I last saw the deceased alive on Dec. 11, 1951 , and that death occurred at 4:15 p. m. , from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Francis J. Weindel M.D. | | | | | | 23b. ADDRESS 5203 Chipmunk St. | | | 23c. DATE SIGNED 12-13-51 | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12/14/51 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri | | | | | | | |
| DATE REC'D BY LOCAL REG. DEC 13 1951 | | REGISTRAR'S SIGNATURE Earl Smith | | | | 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderte ADDRESS 3634 Gravois | | | | | | | |

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert Wheeler.....

Licensed Embalmer No. 2128.....

P. O. Address Wilmington.....

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.