

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18795**

No. 300
10.48

DECEASED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **1364**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | c. LENGTH OF STAY, (in this place) 0 hrs. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co., Hospital | | d. STREET ADDRESS (If rural, give location) 311 Geneva | |

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|--|------------|-------------|------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) EMMA | a. (First) | b. (Middle) | c. (Last) SCHWARTZ | 4. DATE OF DEATH May 23 1952 |
|--|------------|-------------|------------------------------|--|

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|-------------------------|----------------------------------|--|---|---|---------------------------|---------------------------|--------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Sept. 11, 1882 | 9. AGE (In years of last birthday) 69 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 15 MIN. Min. |
|-------------------------|----------------------------------|--|---|---|---------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---|---|---|
| 13a. FATHER'S NAME Charles F. Klein | 13b. MOTHER'S MAIDEN NAME Theresa Weiss | 14. NAME OF HUSBAND OR WIFE William |
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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 Wilfred Schwartz | ADDRESS 311 Geneva Lemay, 23 Mo |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | 19. INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **5-23-1952** to **5-23-1952**, that I last saw the deceased alive on **5-23-1952**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

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|--|----------------------------------|--|------------------------------------|
| 23a. SIGNATURE George R. Kuntz | (Degree or title) M.D. | 23b. ADDRESS 601 S. Brentwood Clayton, Mo. | 23c. DATE SIGNED 5-24-52 |
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|--|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5/27/52 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri |
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| DATE REC'D BY LOCAL REG. 5-26-52 | REGISTRAR'S SIGNATURE Herbert R. Danke | 25. FUNERAL DIRECTOR'S SIGNATURE Mo Wacker-Heldner | ADDRESS 3634 Gravois |
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SW (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *St Louis 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.