

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39673

DEC 5 1952
BIRTH NO. 82600 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Serry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Genevieve</u>	
b. CITY OR TOWN <u>Serryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> 0750	
c. LENGTH OF STAY (In this place) <u>17 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Serry Co. Memorial</u>			

3. NAME OF DECEASED a. (First) <u>MARTIN</u> b. (Middle) <u>HAROLD</u> c. (Last) <u>Schwartz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Nov 21 1952</u>
9. AGE (In years last birthday) <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>St. Genevieve Co Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>ADRIAN SCHWARTZ</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA MARIE HUBER</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Adrian Schwartz Weingarten Mo</u> ADDRESS	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Premature beats</u>		
DUE TO (c) <u>7 min. Juxtation</u>		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) <u>776 X</u>	

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?	
22. I hereby certify that I attended the deceased from <u>Nov 21 1952</u> to <u>Nov 21 1952</u> , that I last saw the deceased alive on <u>Nov 21 1952</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>W. Warren MD</u> (Degree or title)		23b. ADDRESS <u>Serryville Mo</u>		23c. DATE SIGNED <u>11-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 23 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEINGARTEN</u>	
24d. LOCATION (City, town, or county) (State) <u>WEINGARTEN Mo</u>					

DATE REC'D BY LOCAL REG. <u>Nov 24 1952</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zellner</u> 250		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Beckler St. Genevieve Mo</u> ADDRESS	
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Heac. Butler

Licensed Embalmer No. 1985

P. O. Address St. Lawrence, 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.