

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43805

State File No. _____

REC 24 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11023

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 OR TOWN St. Louis		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital #1		d. STREET ADDRESS (If rural, give location) 6036 Washington	
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) c. (Last) SCHWARTZ		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 16, 1906
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10b. KIND OF BUSINESS OR INDUSTRY Plumbing (self)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Morris Schwartz		13b. MOTHER'S MAIDEN NAME Anna Kacher	
14. NAME OF HUSBAND OR WIFE Fannie Schwartz		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. 500-18-5226		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Schwartz	
17. ADDRESS 6036 Wash 8on		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Coronary Myocardial Poisoning</i> deceased was slumped over the wheel of a 1949 Chevrolet panel truck parked in the garage in the rear of 5914 <i>Proffersville Ave.</i> with a piece of garden hose attached to the exhaust pipe & running up under the door. 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death <i>unknown</i>	
19a. DATE OF OPERATION 9:40 pm		19b. MAJOR FINDINGS OF OPERATION of truck on Nov 29, 1952 at <i>Proffersville Ave.</i> Suicide while suffering from temp. <i>arrhythmia</i>	
21a. ACCIDENT SUICIDE HOMICIDE <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>Garage</i>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>St. Louis, Missouri</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>11:30</i>	
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK <input type="checkbox"/> <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E9731</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:40</i> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Joseph J. ...</i>		23b. ADDRESS <i>1300 Clara</i>	
23c. DATE SIGNED <i>12/1/52</i>		24. LOCATION (City, town, or county) (State) <i>Univ. City, Mo.</i>	
24. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>12/1/52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>		24d. NAME OF CEMETERY OR CREMATORY <i>Univ. City, Mo.</i>	
DATE REC'D BY LOCAL REG. DEC 1 1952		REGISTRAR'S SIGNATURE <i>R. Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Berger Memorial</i>		ADDRESS <i>4715 McPherson</i>	

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


Licensed Embalmer No. 4229

P. O. Address _____

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.