

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7936

State File No. ....

Registrar's No. **1705**

No. 300  
10-48

FILED MAR 11 1953

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>3907a N. 25th Street</b>	

3. NAME OF DECEASED  
a. (First) **Charles** b. (Middle) **T.** c. (Last) **Schwarz**

4. DATE OF DEATH **Feb. 12, 1953**

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Oct. 6, 1876</b>	9. AGE (In years last birthday) <b>76</b>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Hwde Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME **Albert Schwarz** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **-**

16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Charles J. Schwarz** ADDRESS **3907a N. 25th Street**

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.**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral hemorrhage**

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Hypertension**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 mo**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR **331X**

22. I hereby certify that I attended the deceased from **Jan 12, 1953**, to **Feb 12, 1953**, that I last saw the deceased alive on **Feb 12, 1953**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **G. H. Kulker M.D.** (Degree or title) 23b. ADDRESS **3121 22nd and** 23c. DATE SIGNED **2-18-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **2-14-53** 24c. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County MO.**

DATE REC'D BY LOCAL REG. **FEB 12 1953** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **SUEDMEYER & SON'S 3974 N. 20th Street**

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 *Gustav W. Dietrich* \_\_\_\_\_

Licensed Embalmer No. *4329* \_\_\_\_\_

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.