

FILED MAY 18 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH19888  
State File No. 4545  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4545</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6424 Odell Av. 2039</b>				d. STREET ADDRESS (If rural, give location) <b>6424 Odell Av.</b>			
3. NAME OF DECEASED a. (First) <b>Emma</b>			b. (Middle) _____		c. (Last) <b>Schwartz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 3 1953.</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>April 22 1882</b>		9. AGE (In years last birthday) <b>71.</b>		IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Herrmann Mo. U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Louis Burbach</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Schwartz</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Olya Schwartz</b> ADDRESS <b>6424 Odell Av.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7-2-52</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ch. cerebral vascular disease</b>				DUE TO (c) <b>disease of hypothyroidism</b> <b>1/23/51</b>	
		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 <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>None</b> SUICIDE HOMICIDE		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 (Month) (Day) (Year) (Hour) OF INJURY <b>4:07 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>1-23-51</b> , to <b>5-3-53</b> , that I last saw the deceased alive on <b>5-3-53</b> , and that death occurred at <b>5:15</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>O. C. [Signature]</b> (Degree or title)				23b. ADDRESS <b>4523 S. Kingshighway</b>		23c. DATE SIGNED <b>5-4-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-5-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cem.</b>		24d. LOCATION (City, town, or county) <b>St. Louis, Co. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>MAY 4 1953</b>		REGISTRAR'S SIGNATURE <b>J. Caldwell McWhitt</b>		FUNERAL DIRECTOR'S SIGNATURE <b>McWhitt Bros. Co.</b> ADDRESS <b>2929 S. Jefferson</b>			
(Licensed Embalmer's Statement on Reverse Side)							

**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 \_\_\_\_\_

*Harold C. Witt*

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.