

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25212**  
Registrar's No. **6374**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</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 or town) <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		<b>2159</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Anthony Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>15 4604 Ray</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>W</b> c. (Last) <b>Schwartz</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 12, 1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 3, 1916</b>	9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <b>Rental Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hampton Management</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Adolph Schwartz</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Haberberger</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Schwartz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW2</b>		16. SOCIAL SECURITY NO. <b>489-01-9801</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Anna M Schwartz</b> ADDRESS <b>4604 Ray</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>Rupture of aorta</b> ANTECEDENT CAUSES <b>Med. and Eng. ...</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>15 hr.</b> <b>15 hr.</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? <b>5271</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>June 11, 1954</b> , to <b>July 12, 1954</b> , that I last saw the deceased alive on <b>July 12, 1954</b> , and that death occurred at <b>1:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>5103 Clayton</b>		23c. DATE SIGNED <b>7-13-54</b>	
24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	24b. DATE <b>7/15/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery St Louis County Mo.</b>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <b>JUL 14 1954</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J L Ziegenhein &amp; Sons</b> ADDRESS <b>7027 Gravois</b>		

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

*S. P. Kidwell*

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.