

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28673**

No. 300
10.48

FILED AUG 16 1954

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann	
c. LENGTH OF STAY (In this place) 8 days		d. STREET ADDRESS (If rural, give location) 3650 St. Marguerite La.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Elizabeth	c. (Last) Schwartz	4. DATE OF DEATH (Month) (Day) (Year) Aug. 8 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH June 4 1868	9. AGE (In years last birthday) 86	10. MONTHS 2	11. DAYS 4	12. HOURS 4:00	13. MIN. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE The late Henry Schwartz
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mary E. Sabens ADDRESS 3650 St. Marguerite
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days 3 days 8 days E9000 21
	ANTECEDENT CAUSES DUE TO (b) Coma		
	DUE TO (c) Cerebral Concussion		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerosis, generalized Hypertensive Crisis, Arterial Sclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Fracture - radius - both arms Scalp laceration Multiple Concussions	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g.: in or about home, farm, factory, street, office bldg., etc.) HOME	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) ST ANN ST LOUIS MD (STATE) MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JULY 31 1954 3:00 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? FELL DOWN 4-5 STEPS
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22. I hereby certify that I attended the deceased from **JULY 31, 1954**, to **AUGUST 8, 1954**, that I last saw the deceased alive on **AUGUST 8, 1954**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. McNamee MD	23b. ADDRESS 1030881 Chale Rd, St Louis, August 9, 1954	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 11 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, township) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. Aug 9 1954	REGISTRAR'S SIGNATURE Fannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Collier Mortuary ADDRESS 10123 St. Chas. Rd.
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(Licensed Embalmer's Statement on Reverse Side) **ST. LOUIS COUNTY MO.**

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

AUG 17 1934

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.