

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32183**

Registrar's No. **8401**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>City</b>		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) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 1/2 yrs.</b>		STREET ADDRESS (If rural, give location) <b>2609 So. Grand Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>J.</b> c. (Last) <b>SCHWARTZ</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 12, 1954</b>
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5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 28, 1871</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Paper Box Mfg.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Fred Schwartz</b>	13b. MOTHER'S MAIDEN NAME <b>Therssa Springer</b>	14. NAME OF HUSBAND OR WIFE <b>Therssa Schwartz</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Jane S. Coultas</b>	ADDRESS <b>625 Scott Ave</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chc. Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Serulity</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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4222</b>
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22. I hereby certify that I attended the deceased from **Jan - 1954** to **Sept 12, 1954**, that I last saw the deceased alive on **Sept 10, 1954** and that death occurred at **1<sup>10</sup> A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edward Helms</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3903 Olive St. Louis</b>	23c. DATE SIGNED <b>9-13-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 14, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Wood Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Missouri</b>
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DATE REC'D BY LOCAL REG. <b>SEP 13 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Alexander &amp; Sons</b>	ADDRESS <b>6175 Delmar Blvd.</b>
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Dr. A. E. Helbring  
3903 Olive St.  
Je 3-7562  
1-3 P.M.

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.....  
Signature of Student Embalmer

Signed *J. W. Bentley*

Licensed Embalmer No. *3653*  
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.