

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25632**

FILED AUG 1 - 1956

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>1688</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hazelwood</b>		c. LENGTH OF STAY (in this place) <b>3 years</b>		c. CITY OR TOWN <b>Hazelwood</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b># 2 Norshire Lane</b>				STREET ADDRESS (If rural, give location) <b># 2 Norshire Lane</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>			b. (Middle) <b>P.</b>			c. (Last) <b>Schwartz</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>July 10, 1956</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>March 21, 1896</b>			9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Filling Sta. Attendant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Gas And Oil</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Findley Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Schwartz</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Kowalsic</b>			14. NAME OF HUSBAND OR WIFE <b>Cecelia Schwartz</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>494 10 4423</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cecelia Schwartz</b>			ADDRESS <b>#2 Norshire Lane</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>Coronary Occlusion</b>  ANTECEDENT CAUSES DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Diabetes mellitus</b>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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>Sudden</b>  <b>yes</b>  <b>yes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>2608 St. Louis MO</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>5/21, 1955</b> , to <b>7/10, 1956</b> , that I last saw the deceased alive on <b>6/26, 1956</b> , and that death occurred at <b>11:15 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Robert A. Bauer MD</b>				23b. ADDRESS <b>3731 Goodfellow</b>			23c. DATE SIGNED <b>7/12/56</b>		
24a. DATE <b>July 13 1956</b>		24b. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24c. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>					
DATE REC'D BY LOCAL REG. <b>7-12-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Bomgardner</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Collier Mortuary</b>		ADDRESS <b>10123 St. Charles Rd</b>			

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

In Attn of A. Bauer  
3731 Goodfellow 1-4

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 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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