

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **9172**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <b>RURAL MERAMEC</b>		c. LENGTH OF STAY (in this place) <b>1 yr 11 mo</b>	c. CITY OR TOWN <b>OVERLAND</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hill Infirmary</b>		e. STREET ADDRESS (If rural, give location) <b>1934 BRASSIE 4000</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ADAM</b>	b. (Middle) <b>EDWARD</b>	c. (Last) <b>Schwarz</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 7 1957</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>JULY 14 1882</b>	9. AGE (in years) (Month) (Day) <b>74</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <b>RETIRED PRISCO R.R. CLERK</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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FATHER'S NAME <b>CONRAD SCHWARZ</b>	13b. MOTHER'S MAIDEN NAME <b>BARBARA KEISING</b>	14. NAME OF HUSBAND OR WIFE <b>NOT KNOWN</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>Bro. Lichy, St. Joseph's Hill</b>	ADDRESS <b>EUREKA</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL ARTERIO-SCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CARDIO VASCULAR DISEASE</b>		
	DUE TO (c)		
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	20. AUTOPSY? <b>2</b> 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 12, 1955**, to **March 7, 1957**, that I last saw the deceased alive on **MARCH 7, 1957**, and that death occurred at **6:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Mardou</b>	(Degree or title)	23b. ADDRESS <b>4323 ROLAND NORMANDY</b>	23c. DATE SIGNED <b>3/7/57</b>
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24a. HOSPITAL, CREMATION, REMOVAL (Specify) <b>Nemorat</b>	24b. DATE <b>Mar. 9. 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3/11/57</b>	REGISTRAR'S SIGNATURE <b>Ruth Jirsa</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter J. Donnelly</b>	ADDRESS <b>3846 Linden Blvd</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

438

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 13 1957

MAR 19 1957

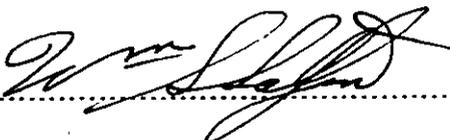
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by me....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 4699

P. O. Address 3840 Linden

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.