

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File # **30286**

FILED SEP 4 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2007**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Clayton	c. LENGTH OF STAY (in this place) Year	c. CITY OR TOWN Clayton Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6361 Clayton Road		e. STREET ADDRESS (If rural, give location) 6361 Clayton Road	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle) Abigail	c. (Last) Schwartz	DATE OF DEATH (Month) (Day) (Year) Aug. 11 1957
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4. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widow	8. DATE OF BIRTH March 17, 1890	9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Rolla Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac Frazier	13b. MOTHER'S MAIDEN NAME Carrie Hoyt	14. NAME OF HUSBAND OR WIFE Samuel Schwartz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give no. or date of service) None	17. INFORMANT'S SIGNATURE OR NAME Elmer Schwartz	ADDRESS 6361 Clayton Rd.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic arterial heart disease with valvular insufficiency.		
	ANTECEDENT CAUSES 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.		H214	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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 **June 10, 1957** to **Aug 11, 1957**, that I last saw the deceased alive on **Aug 6, 1957**, and that death occurred at **6361 Clayton Road**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. Williamson	(Degree or title) M.D.	23b. ADDRESS 6336 Clayton Road	23c. DATE SIGNED 8/12/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 12, 1957	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 8/13/57	REGISTRAR'S SIGNATURE Herbert B. Dombek	25. FUNERAL DIRECTOR'S SIGNATURE Walter Campbell	ADDRESS 5165 Delaney
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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, ~~only~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmo R. Padua*.....

Licensed Embalmer No. *407*

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.