Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-011689 STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 771

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kirkwood — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN Kirkwood 4743 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1706 Topping Rd. — Length of stay in 1b 5½ yrs.	d. STREET ADDRESS (If outside, give location) 1706 Topping Rd. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Oliver Middle: Last: Schwartzel	4. DATE OF DEATH Month: 3 Day: 20 Year: 59		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: May 16, 1907
9. AGE (In years last birthday): 51	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Gus A. Schwartzel	13b. MOTHER'S MAIDEN NAME: Pauline Miller	14. NAME OF HUSBAND OR WIFE: NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Homer G. Schwartzel Address: 1706 Topping Rd.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Mongolian idiot 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 1959 to March 20 1959 and last saw him alive on March 15 1959. Death occurred at 7:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donnelly M D

22b. ADDRESS 4161 Lindell Blvd

22c. DATE SIGNED 3/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): cremation	23b. DATE: 3-23-59	23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory	23d. LOCATION (City, town, or county) (State): St. Louis County Mo.
24. FUNERAL DIRECTOR: Drehmann-Harral	ADDRESS: 1905 Union	25. DATE RECD. BY LOCAL REG.: 3-23-59	26. REGISTRAR'S SIGNATURE: John C. Murphy M.D. Jr

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

Dr. Ray Muether
4161 Lindell Blvd.
Hrs. 11-2 Sat.

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 Albert R. Thompson

Licensed Embalmer No. 4237

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.