

JRI DIVISION - HEALTH - STANDARD CERTIFICATE OF DEATH

60-004626

FILED VS. JAN 11 1960

STATE FILE NUMBER

ENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <b>St. Louis</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 TOWNSHIP only) OR TOWN <b>Creve Coeur</b>		Length of stay in 1b <b>30 years</b>	c. CITY OR TOWN <b>Creve Coeur</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>500 Lancelot Lane</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>500 Lancelot Lane</b>			
3. NAME OF DECEASED (Type or print) First <b>Morris</b> Middle <b>Schwab</b> Last <b>Schwab</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>4</b> Year <b>1960</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 20, 1868</b>	9. AGE (last birthday) <b>91 yrs.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automotive</b>	11. BIRTHPLACE (City and state or country) <b>Hamburg, Germany</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		
13a. FATHER'S NAME <b>Herman Schwab</b>		13b. MOTHER'S MAIDEN NAME <b>Frieda Frensdorf</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Bauer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address <b>Jeanet Schnurmacher, 500 Lancelot Lane</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>					<b>1 hr</b>		
DUE TO (b) <b>Arteriosclerotic Heart Dis.</b>					<b>1 yr</b>		
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>1/2/58</b> to <b>1/7/60</b> and last saw her <sup>her</sup> alive on <b>1/7/60</b> Death occurred at <b>5:30 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Harold Franklin M.D.</b>			22b. ADDRESS <b>16 Hampton Village</b>		22c. DATE SIGNED <b>1/5/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 6, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>8400 Gravois, St. Louis, Co.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Mayer Funeral Home, 4356 Lindell Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>1-6-60</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harvey Stahl

Licensed Embalmer No. 4596

P. O. Address Flouissant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.