MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-022191
STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 73

FILED JUN 27 1961

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Waynesville
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Fenton — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 40 Ocean Drive, Brookside Estate — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Larry; Middle: Gene; Last: Schwartz
4. DATE OF DEATH: Month 6; Day 13; Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/11/1957
9. AGE (last birthday): 4
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and state or country): Waynesville, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Fred Schwartz
13b. MOTHER'S MAIDEN NAME: Helen Doyle
14. NAME OF HUSBAND OR WIFE: X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT: Mr. Fred Schwartz — Address: 40 Ocean Drive Brookside Est., Fenton, Mo

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): Acute neuro vascular failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): electrical shock
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: Sudden
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. ☐ Yes ☐ No ☐ Unknown

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.) Child ran into TV lead in wire
20c. TIME OF INJURY: Hour 8:00 p.m. Month, Day, Year 6-13-61
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.): Bill Doyle farm
20f. CITY, TOWN, OR LOCATION: Dixon — COUNTY: Pulaski — STATE: Mo.

21. I attended the deceased from 1957, to 1961 and last saw her/him alive on Feb. 1961
Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.
22b. ADDRESS: Waynesville Missouri
22c. DATE SIGNED: 6-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/16/1961
23c. NAME OF CEMETERY OR CREMATORY: Sheppard Cemetery
23d. LOCATION (City, town, or county) (State): Pulaski County, Missouri
24. FUNERAL DIRECTOR: Gilbert Funeral Home, Inc., Dixon, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 6-20-61
26. REGISTRAR'S SIGNATURE: Eula Opal Anderson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

VS JUN 27 1961

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_____ Signed Maurice E. Schirbaum

Signature of Student Embalmer

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.