

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

32807

1. PLACE OF DEATH

County.....

Township.....

City St. Louis

Registration District No. ....

Primary Registration District No. ....

(No. 5628a Maple)

791

1003

File No. ....

Registered No. ....

8684

St. .... Ward)

2. FULL NAME Christian Schwarz,

(a) Residence, No. 5628a Maple

St., 5 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mary Schwarz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

87

6

0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Ben. M. Schwarz

(ADDRESS) 15628 Maple

18. BURIAL, CREMATION, OR REMOVAL

PLACE Delhalla Green

DATE Aug 22, 1936

19. UNDERTAKER Geo. L. Pleitash Inc

(ADDRESS) 5966 Lefferson

20. FILED AUG 21 1936

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1936, to Aug 20, 1936

I last saw h. h. h. alive on Aug 18, 1936. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Arteriosclerosis, mis credits  
930  
Other contributory causes of importance: Ulcer of left foot & limb.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) C. C. Cochran, M. D.

(Address) Worson & Easton ave

Exact statement of OCCUPATION is very important.

1502 No. 1000

9a m