

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

9028  
Do not use this space.1. PLACE OF DEATH REPORT APR 11 1938

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City ST. LOUIS MO. (d) Street No. 2701 ALLEN AV. St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHARLES W. SCHWARTZ, 632  
 (a) Residence, No. 2701 ALLEN AV. St. 23 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF ANNA SCHWARTZ,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 5 1862

7. AGE YEARS 74 MONTHS 9 DAYS 12 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. NILE,  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) LOUISVILLE (STATE OR COUNTRY) KENTUCKY

13. NAME UNK. SCHWARTZ

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT Wm C. Schwartz, (ADDRESS) 2701 ALLEN AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE MARCH 21, 1938

19. FUNERAL DIRECTOR E. J. Schurr, (ADDRESS) 3125 Lafayette av.

20. FILED MAR 18 1938 J. P. Bredek (Signature)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH, 17, 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 15, 1938, to March 17, 1938.

I last saw him alive on March 15, 1938. Death is said to have occurred on the date stated above, at 11:55 a.m.

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

Chronic myocarditis

Other contributory causes of importance:  
Astoria Polycemia  
Chronic arthritis

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? No  
 If so, specify.....

(Signed) Martin Klosser, M. D.  
 (Address) 506 Clin. St.

STATEMENT BY LICENSED EMBALMER

I, Joseph B. Vallmer, Licensed Embalmer No. 4014  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Joseph B. Vallmer  
Licensed Embalmer No. 4014

**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.)**