

Registration District No. 791
2000

Primary Registration District No. _____

Registrar's No. 600

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME George Schwartz 1232

3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Anna Schwartz 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased January 12, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>8</u>	hr. _____ min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 6

11. Industry or business Street Department 6

MOTHER FATHER { 12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Luft

(b) Address 1317 Russell

17. (a) Burial (b) Date thereof 1/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. S. S. Peter & Paul

18. (a) Signature of funeral director Wacker-Walden

(b) Address 2331 S. Broadway

19. (a) JAN 22 1940 (b) J. Brailich
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 Russell
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1940 hour 9 minute 2 a. m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis

Due to _____
Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury CH

23. Signature Dr. J. Brailich (M. D. or other)
Address Deputy Coroner Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 17 1940

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert Wheeler*

Licensed Embalmer No. *2178*

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 this body is not embalmed, above space should be left blank.