

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

**4130**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Warren Registration District No. 881  
 (b) Township Bridgeport Primary Registration District No. 612 Registered No. 1  
 (c) City Warren or Warren (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** FRANK SCHWARTZ, SR.

(a) Residence, No. CASE, MISSOURI St.  (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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEP. 4, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 4 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Warmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 10/30/35 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) CASE (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME Frank Schwartz

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

MOTHER 15. MAIDEN NAME Anna Hain

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

17. INFORMANT Fred Schwartz (ADDRESS) Jonesburg, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Rick Church Cem DATE 1-14 1941

19. FUNERAL DIRECTOR (NAME) HUGO H. BLUMER (ADDRESS) HEBMANN, MISSOURI

20. FILED Jan. 13 1940 Arvid Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 1940 to Jan. 11 1940  
 I last saw him alive on Jan. 9 1940 Death is said to have occurred on the date stated above, at 6 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis  
Cardio-vascular renal disease  
 Date of onset ?

Other contributory causes of importance:

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) H. H. Blumer, M. D.  
 (Address) Warren, Mo.

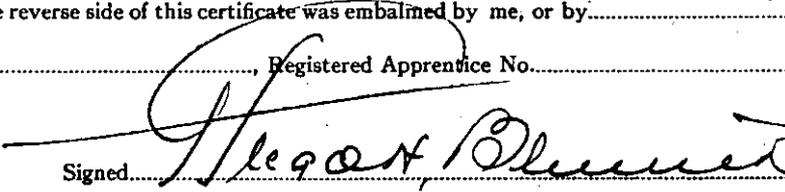
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....  .....

Licensed Embalmer No. 3169 .....

P. O. Address..... HERRAND, MO .....

**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.**