U. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27961

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 859

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3425 Monterey 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits write "RURAL")
(d) Street No. 3425 Monterey
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 58 years.

3. (a) PRINT FULL NAME Lawrence Schwartz 632
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cornelia
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased September (Month) 5 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
70	11	0	hr. min.

9. Birthplace Unknown (City, town, or county) Hungary (State or foreign country) 7
10. Usual occupation Retired
11. Industry or business Flagman for Burlington R. R.

FATHER
12. Name Martin Schwartz
13. Birthplace Unknown (City, town, or county) Hungary (State or foreign country) 7

MOTHER
14. Maiden name Margaretha Thyringer
15. Birthplace Unknown (City, town, or county) Hungary (State or foreign country) 7

16. (a) Informant Mrs Cornelia M. Schwartz
(b) Address 3425 Monterey, St. Joseph, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof August (Month) 7, (Day) 1940 (Year)
(c) Place: burial or cremation Ashland Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri
19. (a) 8/7/40 (Date received local registrar) (b) H. J. Mestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1940 hour 12 minute 15 p. M.
21. I hereby certify that I attended the deceased from Aug 5th, 1940, to Viewed, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral insufficiency	
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

92 W

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature B. W. Tadlock Coroner (M. D. or other) MD
Address King Hill Bldg., St. Joseph, Missouri Date signed 8/7 40

(Licensed Embalmer's Statement on Reverse Side)

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 Oby Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, 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 this body is not embalmed, above space should be left blank.