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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5029

FILED MAR 25 1941 791

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 127

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

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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town ST. LOUIS 367
(If outside city or town limits, write "RURAL")

(d) Street No. 3821 N. BROADWAY 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hugo Schwartz

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 WIDOWED

6. (b) Name of husband or wife CATHERIN

6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV. 27 1879 (Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 2 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) 0 Mo (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name FRANK SCHWARTZ
13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Dwyer
(b) Address 2351 Mullanphy

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-10-41 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 4326 N. Taylor ave

19. (a) FEB 8 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29, year 1941 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from January 26, 1941 to January 29, 1941; that I last saw him alive on January 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Tuberculosis

Due to Pyelitis, Pyelonephritis

Due to Kidney

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None.

Of autopsy As above.

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James J. Murphy (M. D. or other)

Address 1535 Lafayette Ave. Date signed 1/30/41

(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 Myself, Registered Apprentice No. _____, working under my personal supervision.

city license #145

Signed Glenn E. Anderson

Licensed Embalmer No. 4147

P. O. Address St. Louis 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, fact should be so stated above.