

S. No. 2
4-4-12-40
v. 5-17-39
I X2315

ED MAR 19 1941

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **28**

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

1. PLACE OF DEATH
 (c) County St. Charles
 (b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution LESS THAN 1 DAY
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred C. Schwarze

3. (b) If veteran, name war = 3. (c) Social Security No. =

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elizabeth Schwarze 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Nov. 30, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 8 If less than one day
hr. min.

9. Birthplace Lincoln County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Selling extracts, etc.

11. Industry or business

12. Name Herman Schwarze

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

14. Maiden name Annie (Schwarze)

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

16. (a) Informant Elizabeth Schwarze
(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof Feb. 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F. W. Kieburg & Co.
(b) Address Warrenton, Mo.

19. (a) 2-9-41 (b) Blarney S. Mosher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Warren **109**
 (c) City or town Warrenton **1**
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____
(If rural, give location) **11**
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1941 hour 6:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb. 8, 1941, to 6 PM Feb 8, 1941; that I last saw him alive on Feb. 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Spasms

Due to cerebral spasms and
frailty

Due to 42 W

Other conditions 42 W
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration 4 hours

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? **679**

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

23. Signature John H. Dyer (M. D. or other) D
Address Warrenton Mo Date signed 2/9/41

