

FILED FEB 20 1942

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

3820

Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 814
(b) Township Moreland Primary Registration District No. 6063
(c) City Benton (d) Street No. 1 Registered No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number) 100 St.
(e) Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. (f) How long in U. S., if of foreign birth? 70 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

Francis Xavier Schwartz
(a) Residence, No. New Homburg, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Kilhoefner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/3/1855</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>2</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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) <u>1921</u>	11. Total time (years) spent in this occupation <u>50 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alsace-Lorraine</u>		
FATHER	13. NAME <u>Unknown - Schwartz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Edward F. Schwartz</u> (ADDRESS) <u>Benton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Homburg, Mo.</u> DATE <u>Jan. 31, 1942</u>		
19. FUNERAL DIRECTOR (NAME) <u>Weiserer General Home</u> (ADDRESS) <u>Oran, Mo.</u>		
20. FILED <u>2/2</u> 19 <u>42</u> <u>Leona J. J. J.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28th, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1942, to Jan. 28, 1942
I last saw h. l. m. alive on January 28, 1942. Death is said to have occurred on the date stated above, at 11 p. m.
The principal cause of death and related causes of importance were as follows:
Myocardial Decompensation due to chronic myocarditis
Date of onset

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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, M. P. Brogan, M. D.,
(Address) Benton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Office No. 2,

District File Number 242-244

Date Filed 2-13-42

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.....

P. O. Address.....

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.