

FILED NOV 16 1942

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME William F. Schwartz

3. (b) If veteran, name war..... None
3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. Married
(b) Name of husband or wife..... Henrietta (c) Age of husband or wife if 79 years
Schwartz nee Albrecht
7. Birth date of deceased..... June 8, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 28 hr. min.

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

10. Usual occupation..... Teacher of music

11. Industry or business.....

MOTHER FATHER { 12. Name..... Fred Schwartz
13. Birthplace..... Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Henrietta Schwartz

(b) Address..... 1537 Grape Ave

17. (a) Burial (b) Date thereof..... 11/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New Bethlehem Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) NOV 7 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1537 Grape Ave
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th
year 1942 hour 11:52 PM minute..... M.

21. I hereby certify that I attended the deceased from Oct 23
..... 1942, to Nov 5..... 1942,
that I last saw him alive on Nov 5..... 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerosis Heart Disease Duration 1 year
Due to..... General Arteriosclerosis 5 years

Due to.....
Other conditions..... Nephrosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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..... A. R. Pfeiffer (M. D. or other)
Address 1020 W. State Bldg Date signed 11-7-42

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..... *Francis C Williamson*
Licensed Embalmer No. *3565*
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.