921
S. No. 2
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5-17-39
I

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12762

FILED APR 28 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3610

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Days (Specify whether
In this community years, months or days)

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. 3630 Lierman
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

620
12
7
15

3. (a) PRINT FULL NAME George Schwartz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Martha

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July (Month) 22, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	8	25	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Oiler - Brewer

11. Industry or business

FATHER
12. Name Nicholas L. Schwartz
13. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Catherine Bradley
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Martha Schwartz
(b) Address 3630 Lierman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, '43 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Burial Cem.

18. (a) Signature of funeral director John H. Sebken Sons
(b) Address 2630 Gravois Avenue

19. (a) APR 18 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17, year 1943 hour 5:25 minute A. M.

21. I hereby certify that I attended the deceased from March 31, 1943, to April 17, 1943 that I last saw him alive on April 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death THROMBOSIS OF INFE RIOR VENA CAVA

Due to HYPERNEPHROMA OF RT. KIDNEY

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Thromb. of rt. vena cava
Hypernephroma of rt. kidney

Duration

52

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 Leo J. Wade (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 4/18/43

(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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.