

SEP 3 1945
Registration District No. 1003

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:
4409 Red Bud Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Birth (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Schwarz

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced. Widow

6. (b) Name of husband or wife Emil Schwarz 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased July 25, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 29 hr. min.

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

10. Usual occupation At home

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown Germany 4
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Gerald

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Opel
(b) Address 4409 Red Bud Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/43
(Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) Alle (b) J. J. Bureck
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4409 Red Bud 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 Aug day 23
year 1945 hour 6:30 minute 1 M.

21. I hereby certify that I attended the deceased from midnight
1945 to August 23, 1945
that I last saw him alive on Aug 23
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) Means of injury _____
23. Signature J. J. Bureck (M. D. or other) _____
Address Alle Date signed 8/27/45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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*

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.