

FILED JUL 22 1946

Registration District No. _____

Primary Registration District No. **3069**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **Richwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **1260 Bungaloe Lane**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDWARD H. SCHWARTZ**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Charlotte S. Schwartz** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Oct 14 - 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **8** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Napomis Ill. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER
12. Name **Henry Schwartz** 4
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Range**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Charlotte Schwartz**

(b) Address **7626 Natural Bridge, Normal**

17. (a) **Burial** (b) Date thereof **7-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Louis H. Bapp**

(b) Address **Richwood Mo**

19. (a) **7-16-46** (b) **E. W. Sarant**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17**
year **1946** hour **10:18** minute **AM**

21. I hereby certify that I attended the deceased from **May 20** 19**46**
to **July 17** 19**46**
that I last saw him alive on **July 17** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **1 day**
Due to **Arteriosclerosis** **Syn**

Due to **43-41**

Other conditions **Cholelithiasis** **Fols**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **Cholelithiasis**
Of operations _____
Of autopsy **same**
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?

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

23. Signature **A. Wheslie** (M. D. or other) **MD**
Address **Richwood, Mo** Date signed **7/17/46**

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

JAN 13 1947

JUL 30 1946

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, fact should be so stated above.