No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10397

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:
Missouri Pacific Hospital.
(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) CORA JOHANNA SCHWARZ.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,
(c) City or town Brentwood,
(If outside city or town limits, write "RURAL")
(d) Street No. 2511 Brentwood Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Schwarz, Cora Johanna Mrs.
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, divorced Widowed.
6. (b) Name of husband or wife John B. Schwarz.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased March (Month) 16, (Day) 1866. (Year)
8. AGE: Years 80. Months 8. Days 17. If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
FATHER 12. Name Antoine J. Michel.
FATHER 13. Birthplace Germany. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Herbert M. Schwarz.
(b) Address 2533 Brentwood Ave.,
17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 12/6/46. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.
19. (a) DEC 5 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1946 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov. 26 1946 to Dec 3 1946 that I last saw her alive on Dec. 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage left	1 wk.
Due to	
Due to	
Other conditions (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 0
23. Signature Vincent G. Eisele (M. D. or other)
Address Mo. Pac. Hosp., Date signed Dec 3, 1946

(Licensed Embalmer's Statement on Reverse Side)

2 9 61

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood 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.