No. 300
10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28203 7584

FILED SEP 13 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

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

In this community

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. 3619a Dover Pl.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME August Schwartzkopf

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 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 20 (Day) 1867 (Year)

8. AGE: Years 81 Months 5 Days 8 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Ignatz Schwartzkopf

FATHER 13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Mary Ann Bitter

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

16. (a) Informant Maude Hammer

(b) Address 3619a Dover Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec St.

19. (a) AUG 30 1948 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1948 hour 9 minute A M.

21. I hereby certify that I attended the deceased from June 24, 1947, to Aug 28, 1948 that I last saw him alive on Aug 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart disease (Arterio sclerotic Heart disease)	9 years
Due to Arterio sclerosis	9 years
Hemiplegia (left) died	1944
~~Due to~~ Generalized Arteriosclerosis	8 years
Right inguinal Hernia	5 yrs

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

23. Signature George A. Dunn (M. D. or other) M.D.

Address 3325 S. Grand Date signed 8/30/41

(Licensed Embalmer's Statement on Reverse Side)

Dr GEO DAMAN - PR 0549
3325 S GRAND

RES PR 4114

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 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.