FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 27 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 40791

Registrar's No. 390

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

**1. PLACE OF DEATH:**

(a) County: Marion

(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether

In this community: lifetime (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Marion 64

(c) City or town: Hannibal 3 (If outside city or town limits, write "RURAL") 4

(d) Street No.: 1000a Broadway (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: ROY PETER SCHWARTZ

3. (b) If veteran, name war: ----

3. (c) Social Security No.: -

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Kathryn A. Schwartz

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

7. Birth date of deceased: May (Month) 27 (Day) 1892 (Year)

8. AGE: Years 56 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace: Hannibal (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: funeral director

11. Industry or business: --

FATHER

12. Name: Peter Schwartz

13. Birthplace: Payson (City, town, or county) Illinois (State or foreign country)

MOTHER

14. Maiden name: Louisa Lackscheide

15. Birthplace: Perry (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Kathryn A. Schwartz

(b) Address: 1000a Broadway, Hannibal, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/9/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Schwartz Funeral Home

(b) Address: 1000 Broadway, Hannibal, Mo.

19. (a) 12-17-48 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: December day: 6th year: 1948 hour: 12 minute: 30 a.M.

21. I hereby certify that I attended the deceased from Oct 1 1948, 19..., to December 6th, 1948, that I last saw him alive on December 6th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolism

Due to

Due to

Other conditions: Myocardial degeneration & hypertension (Include pregnancy within 3 months of death)

Major findings Of operations: none

Of autopsy: none

Duration

PHYSICIAN

Underline the cause of 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: [signature] (M. D. ~~or other~~)

Address: 1001 Bdwy, Hannibal, Mo. Date signed: 12/7/48

Jefferson City Printing Co.

(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 Kenneth R. Salsman, Registered Apprentice No. 273, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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.**