

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3308

113

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2149</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. LENGTH OF STAY (in this place) <b>17 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>6400 Potomac Avenue</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>FREDERICK</b> b. (Middle) <b>HENRY</b> c. (Last) <b>SCHWARTZ</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 11 50</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>March 6, 1880.</b>		9. AGE (In years last birthday) <b>69</b> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner of - - - -</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clayton Office Supply Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Milwaukee, Wisconsin</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Fred H. Schwartz</b>		13b. MOTHER'S MAIDEN NAME <b>Henrietta Schuese</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Schwartz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War #1</b>		16. SOCIAL SECURITY NO. <b>489-10-8551</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ottley Schwartz, 4047 N. Sherman</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Inactives Rt. ankle, left maloc bone, maxilla &amp; nose.</b>  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>15'</b> <b>12-23-49</b> <b>1-11-50</b> <b>68234</b> <b>32</b>
19a. DATE OF OPERATION <b>12/30/49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Inactives as above</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis County</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 23 49 P.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Driving car involved in accident</b>			
22. I hereby certify that I attended the deceased from <b>12-23-49</b> , 1949, to <b>1-11</b> , 1950 that I last saw the deceased alive on <b>1-11</b> , 1950, and that death occurred at <b>5:01 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Charles R. Doyle MD</b>			23b. ADDRESS <b>1634 N. Grand Blvd</b>		23c. DATE SIGNED <b>1-13-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>Jan. 14, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>1-13-50</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>R. Lupton &amp; Sons, 7233 Delmar-Blvd., University City, Missouri.</b>			

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.