

FILED APR 5 1950

STANDARD CERTIFICATE OF DEATH

11076
State File No. 2886
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4900 EUCLID TERRACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL			

3. NAME OF DECEASED (Type or Print) EUGENE	a. (First)	b. (Middle) ADRIAN	c. (Last) SCHWARZTRAUER	4. DATE OF DEATH MARCH 25, 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 21, 1884	9. AGE (In years last birthday) 65	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR BOTTLING DEPT	11. BIRTHPLACE (State or foreign country) BELLEVILLE ILLINOIS	12. CITIZEN OF WHAT COUNTRY?
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR BOTTLING DEPT	10b. KIND OF BUSINESS OR INDUSTRY FALSTAFF BREWERY	11. BIRTHPLACE (State or foreign country) BELLEVILLE ILLINOIS	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE LAURA SCHWARZTRAUER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. 327-01-8016	17. INFORMANT'S SIGNATURE OR NAME MRS LAURA SCHWARZTRAUER	ADDRESS 4900 EUCLID TERRACE
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Holt
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE MARCH 29, 1950	24c. NAME OF CEMETERY OR CREMATORY NEW LORIMER CEMETERY	24d. LOCATION (City, town, or county) (State) CAPE GIRARDEAU, MISSOURI
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DATE REC'D BY LOCAL REG. MAR 27 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Robert	ADDRESS Wm. J. Robert Lmt & Co 1905 So. GRAND BLDG.
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Allen Davis Jr.

Licensed Embalmer No..... *4053*

Signed.....
Student Embalmer

P. O. Address..... *St. Louis*

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.