

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18657**  
**5088**

FILED JUN 15 1951

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG.-DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. Louis,</b>		TOWN <b>2129</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4525 LINDELL BLVD.</b>				d. STREET ADDRESS (If rural, give location) <b>4525 Lindell Blvd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b>		b. (Middle) <b>L</b>		c. (Last) <b>SWARTZ.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 30, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 22, 1892</b>		9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Days <b>7</b>	IF UNDER 24 HRS. Hours Min. <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supt. workrooms</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Scruggs-Vandervoot Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Cleveland, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>unknown Swartz</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Swartz</b>		14. NAME OF HUSBAND OR WIFE <b>Elma Whorton Swartz</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>452-01-2093</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elma Swartz-4525 Lindell Blv'd, St. Louis</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>Coronary thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sclerosis of coronary arteries</b>  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Euphysema</b>  ?  years			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21f. HOW DID INJURY OCCUR? <b>H201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19 <b>43</b> , to <b>May 30</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>May 26</b> , 19 <b>51</b> , and that death occurred at <b>10 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Geo. W. Dthner</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3720 Washington Blvd.</b>		23c. DATE SIGNED <b>5-31-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>6-1-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Restland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dallas, Texas</b>	
DATE REC'D BY LOCAL REG. <b>MAY 31 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lanster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>			

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

2170

**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.