

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40964

State File No.

No. 300

10-48

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

DEC 6 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3009

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>	
c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		d. STREET ADDRESS (If rural, give location) <u>736 Karlsruhe Place</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. St. Louis Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Raymond</u>			a. (First)			b. (Middle)			c. (Last) <u>Schwarzen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-23-1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>10-18-1938</u>			9. AGE (In years last birthday) <u>14</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Walter J. Schwarzen</u>			13b. MOTHER'S MAIDEN NAME <u>Clara A. Arnold</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter J. Schwarzen</u>		18. ADDRESS <u>736 Karlsruhe Pl Lemay Mo</u>	
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19. 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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of neck- fired from a rifle by Chester Clark who was DUE TO (b) target practicing and shot into some boxes in which the deceased DUE TO (c) and a companion had crawled into while playing.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9192</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Quarry</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>40</u> (COUNTY) <u>400</u> (STATE) <u>Jefferson Barracks St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/23/52 3P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot while playing in a cardboard box.</u>	

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 _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Arnold J. Wellman</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>11/26/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-26-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Wood Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11-24-52</u>		REGISTRAR'S SIGNATURE <u>Huck R. Domb</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Max Biegenhain Bros.</u>		ADDRESS <u>6409 Gravois Av</u>	
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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 Van M. Sizemore

Licensed Embalmer No. 4343

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.