

No. 300
10. 48

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33130

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1128

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. LENGTH OF STAY (In this place) Lifetime

c. CITY OR TOWN St. Joseph

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION D. O. A. St. Joseph Hospital

e. STREET ADDRESS (If rural, give location) 1219 N. 11th Street

3. NAME OF DECEASED
a. (First) Edith b. (Middle) _____ c. (Last) Schwartz

4. DATE OF DEATH (Month) (Day) (Year) October 22, 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH February 26, 1902

9. AGE (In years) (last birthday) 52 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 14 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Baker

10b. KIND OF BUSINESS OR INDUSTRY Gold N G. Glaze Do-nut Shop

11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Christian Tobias

13b. MOTHER'S MAIDEN NAME Sophia Marie Straut

14. NAME OF HUSBAND OR WIFE Emil August Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No

16. SOCIAL SECURITY NO. 491-28-6736

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. LeRoy Thomsen R#5 St. Joseph, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

DUE TO (b) CORONARY OCCLUSION

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION

INTERVAL BETWEEN ONSET AND DEATH
24 HOURS
24 HOURS
UNKNOWN

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION NONE

20. AUTOPSY? YES NO

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) NONE

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from Oct 22, 1954, to Oct. 22, 1954, that I last saw the deceased alive on Oct 22, 1954, and that death occurred at 11:55P m., from the causes and on the date stated above.

23a. SIGNATURE Allen Spierman (Degree or title) M.D.

23b. ADDRESS 706 FRANCIS ST. ST. JOSEPH, Mo.

23c. DATE SIGNED OCT 25, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 25-1954

24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery

24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. Nov 3, 1954

REGISTRAR'S SIGNATURE Lothar M. Allison 485-d
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meierhoffer - Spierman, Inc. St. Joseph, Mo.

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 Signature of Student Embalmer

Signed *Robert E. Herring*

Licensed Embalmer No. 3258.

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.