No. 300
10-48

FILED DEC 13 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39225

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9668

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 8 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood 8547
d. STREET ADDRESS (If rural, give location): 2728 Limit Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALBERT
b. (Middle): W.
c. (Last): SCHWARTZ

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 23, 1954

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 12-21-1873
**9. AGE** (In years last birthday): 80
IF UNDER 1 YEAR: Months: 10 Days: 2
IF UNDER 24 HRS.: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Ret. Carpenter
**10b. KIND OF BUSINESS OR INDUSTRY**: Construction
**11. BIRTHPLACE** (State or foreign country): Rolla, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Peter Schwartz
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Dickson
**14. NAME OF HUSBAND OR WIFE**: Ollie Schwartz

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: John Schwartz, ADDRESS: 8776 Rankin Ave. St. Louis 17, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

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 ☐ 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):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 4200

22. *I hereby certify that I attended the deceased from* May 1, 1954, *to* Oct. 23, 1954, *that I last saw the deceased alive on* Oct. 23, 1954, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Harold A. Franklin (Degree or title) M.D.
**23b. ADDRESS**: 16 Hampton Village Plaza, Clayton, Mo.
**23c. DATE SIGNED**: 10- -54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 10-26-54
**24c. NAME OF CEMETERY OR CREMATORY**: Fee Fee Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Co., Mo.

DATE REC'D BY LOCAL REG.: OCT 25 1954
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: JAY B. SMITH, MAPLEWOOD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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. Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis, M

Note:. The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.