

Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014043

STATE FILE NUMBER

APR 29 1959 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 38

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Wisconsin</u> b. COUNTY <u>Kenosha</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kenosha</u> 8480
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>		Length of stay in 1b <u>1 hr.</u>	d. STREET ADDRESS (If outside, give location) <u>7222 - 3rd ave</u>
		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Gilbert John Schwartz II</u>			4. DATE OF DEATH Month Day Year <u>April 17 1959</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 11, 1939</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months Days <u>6</u>	IF UNDER 24 HRS. Hours Min.
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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	11. BIRTHPLACE (City and state or country) <u>Kenosha Wis.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harry S. Schwartz</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Britton</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO. <u>389-36-7322</u>	17. INFORMANT <u>H. S. Schwartz</u> Address <u>Kenosha Wis.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Frail chest with Pneumo-hemothorax</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>fractures of skull, neck, arm, shoulder on R side</u>	
	DUE TO (c) <u>multiple lacerations and contusions</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>058</u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Kenosha</u>	COUNTY <u>Kenosha</u>	STATE <u>Wis.</u>
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21. I attended the deceased from <u>9 PM</u> to <u>9:30 PM</u> and last saw ^{him} alive on <u>April 17, 1959</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>George Jones</u> (Degree or title) <u>0</u>	22b. ADDRESS <u>Marceline Wisconsin</u>	22c. DATE SIGNED <u>4-18-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Hillscrest</u>	23d. LOCATION (City, town, or county) (State) <u>Kenosha Wisconsin</u>
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24. FUNERAL DIRECTOR <u>Bouder</u> ADDRESS <u>B. subfield</u>	25. DATE RECD. BY LOCAL REG. <u>4-18-59</u>	26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Occur, Latimer, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 6 4 1961

MAR 6 1961

MAR 22 1961

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 *James B. McCalland*

Licensed Embalmer No. *4230*

P. O. Address *Brookfield, M*

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.