

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE  
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED VS. JAN 2 5 1961  
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **360** = **61-003649**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Length of stay in 1b <b>4 weeks</b>		c. CITY OR TOWN <b>Mehlville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rt 8 Box 1805</b>	
3. NAME OF DECEASED (Type or print) First <b>ALTA</b> Middle <b>M.</b> Last <b>SCHWARTZ</b>				4. DATE OF DEATH Month <b>January</b> Day <b>10</b> Year <b>1961</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-11-1886</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Holdridge, Nebr.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Lafayette Banta</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown VanNuys</b>		14. NAME OF HUSBAND OR WIFE <b>Rudolph O. Schwartz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Rudolph O. Schwartz, above</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>							INTERVAL BETWEEN ONSET AND DEATH <b>23 days</b> <b>11 yr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Gen. arteriosclerosis</b>							
DUE TO (c) <b>331x</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year					
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		COUNTY STATE	
21. I attended the deceased from <b>6.25.49</b> to <b>1.10.61</b> and last saw her <b>live</b> on <b>1.10.61</b>				Death occurred at <b>5:30 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>W. W. Johnson</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>9505 GRAVOIS Affton, Mo.</b>		22c. DATE SIGNED <b>1-11-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-13-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
24. FUNERAL DIRECTOR <b>JAY B. SMITH, Maplewood, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>JAN 12 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loard Smith M.D.</b>	

DATE AMENDED  
 INSTEAD OF  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF

DOCUMENT  
 MEDICAL CERTIFICATION

**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 W. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.