

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046020
STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11848**

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
Rev. 4/59								
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1. PLACE OF DEATH a. COUNTY ST. LOUIS		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 70 DAYS		2. USUAL RESIDENCE (Where deceased lived) (If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4954 HUMMELSHEIN	
3. NAME OF DECEASED (Type or print) First Milton Middle SCHWARZ Last BENJAMIN		4. DATE OF DEATH Month 11 Day 29 Year 63		5. SEX MALE		6. COLOR OR RACE WHITE	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 9/8/92		9. AGE (last birthday) 71		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HORTON, KANSAS,		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Christian Schwarz		13b. MOTHER'S MAIDEN NAME Mary Katherine Weiss		14. NAME OF HUSBAND OR WIFE - - - - -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO.		17. INFORMANT Address CHRISTINE SCHWARZ (SISTER) SEE #2			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STATUS POST RESECTION RECTUM, BLADDER, ANUS WITH BILATERAL URETRO ILEOSTOMY, COLOSTOMY AND ILEO ILEOSTOMY FOR CARCINOMA OF RECTUM DUE TO (b) GENERALIZED ARTERIOSCLEROSIS OF AORTA, CORONARY ARTERIES DUE TO (c) 154x							
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.		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 VA		20g. COUNTY ST. LOUIS		20h. STATE MISSOURI	
21. // attended the deceased from 9/20/63 to 11/29/63 and last saw him alive on 11/29/63 Death occurred at 8:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE ROBERT L. SMITH (Degree or title)				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 11/29/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 12/2/1963		23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Alexander & Sons				25. DATE RECD. BY LOCAL REG. DEC 2 1963		26. REGISTRAR'S SIGNATURE Robert Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

2-68

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 J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address _____

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.