

S. No. 2
DM-8-43
v. 5-17-39
I X37823

26657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 1100 E. High St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Gray Wayne Schwartz

3. (b) If veteran, name war. no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 14, 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>5</u>	<u>19</u>	hr. min.

9. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name Robert Schwartz

13. Birthplace Mansfield, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Bremer

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Schwartz
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 8/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Cemetery

18. (a) Signature of funeral director Victor Bressler
(b) Address Jefferson City, Mo.

19. (a) 8-3-46 (b) A. P. Davis, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 28 July, 1946 to August 2, 1946;
that I last saw him alive on August 2, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia, lobar
(Bilateral)

Due to.....

Due to.....

Other conditions Cerebral injury at birth
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... 108

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

(Specify type of place)
While at work?..... (c) Means of injury.....

23. Signature August P. Stehler M. D. or other.....
Address Central Trust Bldg Date signed 8 Aug 46

Duration 24 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

25503

RECEIVED
District Health Officer No. 9,
District File Number 8-46-131
Date Filed 8-10-46

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Victor Buescher*.....

Licensed Embalmer No. 3701.....

P. O. Address Jefferson City, 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 this body is not embalmed, fact should be so stated above.