

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

22658

1. PLACE OF DEATH

County.....

Registration District No. 70

Township.....

Primary Registration District No. 203

City St. Louis, Mo.

(Ne. Lutheran Hosp.)

File No. 6506

Registered No. 6506

St. Ward

2. FULL NAME

Fannie Schwent

(a) Residence. No. 3945 Schiller Place, 15 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec. 27-1880

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

47

6

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo.

10. NAME OF FATHER

Felix Samer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Sevin Schwent  
3945 Schiller Place

15.

FILED

-2

May C. Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 30 - 1928

17.

I HEREBY CERTIFY That I attended deceased from June 28, 1928, to June 30, 1928, that I last saw him alive on June 30, 1928, and that death occurred, on the date stated above, at 5:10 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Beloved tumor of uterus non malignant

54 1/2 (duration) 2 yrs. - mos. - da.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

(Post-operative) (duration) 3 yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... DID AN OPERATION PRECEDE DEATH... DATE OF June 25-1928

WAS THERE AN AUTOPSY? YES

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Hubert J. Gorman, M. D. 6/30, 1928 (Address) 4601 Grand Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Sunset Burial Pk

7-3-1928

20. UNDERTAKER

ADDRESS

Ziegenheim Bros. 2623 Cherokee St.

