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

Do not use this space.
[illegible]
34826

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township — Primary Registration District No. 3036 — Registered No. 157

City St Charles (No. 558, Washington St. ..... Ward)

2. FULL NAME Loraine Mildred Schwendemann

(a) Residence. No. 558 Washington St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23-1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 10 hrs. or ..... min.
	—	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Gilbert Schwendemann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Peters
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Ethel Mahon Oct 26, 1929
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Peters
(STATE OR COUNTRY) Mo

14. INFORMANT Gilbert Schwendemann
(Address) 558 Washington St.

15. FILED 10/25 1929 Hy. G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1929, to Oct 23, 1929 that I last saw her alive on ....., 19..., and that death occurred, on the date stated above, at 11.30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth

159 (duration) ..... yrs. ..... mos. 12 hrs. ds.

CONTRIBUTORY (SECONDARY) none

161a (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms

(Signed) A. Erich Schultz, M. D.
Oct 26, 1929 (Address) St Charles Mo

*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
St Peters Cemetery	Oct 27 1929

20. UNDERTAKER	ADDRESS
H. Hallmeyer & Sons Co	St Charles Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.