

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township CARONDELLET
City St. Louis (No. 601)

Registration District No. 1123

Primary Registration District No. 210 S

File No. 6301
Registered No. 47
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 601 Louisa St., _____ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Philip George Pfoertner</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 21, 1901</u>		
7. AGE	YEARS	MONTHS
	<u>28</u>	<u>2</u>
		DAYS
		<u>7</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis Co.</u> (STATE OR COUNTRY) <u>Mo.</u>		
PARENTS	10. NAME OF FATHER <u>Robt. L. Schwendinger</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>	
	12. MAIDEN NAME OF MOTHER <u>Mary Carley</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St. Louis Co.</u> (STATE OR COUNTRY) <u>Mo.</u>	
14. INFORMANT <u>Philip Geo. Pfoertner</u> (Address) <u>601 Louisa St. L. Co. Mo</u>		
15. FILED <u>McCh</u> 19 <u>30</u> L. C. O'bryen REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1930, to Feb 28, 1930, that I last saw her alive on Feb 28, 1930, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tubercu-
losis

2.3A
106 B (duration) 5 yrs. mos. ds.
CONTRIBUTORY Chr. Bronchitis -
(SECONDARY) (duration) 2 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? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. B. Biesemeyer, M. D.

3 - (1930) (Address) 762 Lemay Ferry Rd
*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 <u>New Pickers Cem</u>	DATE OF BURIAL <u>3/3</u> 19 <u>30</u>
20. UNDERTAKER <u>A. Hoffmeister 4766</u>	ADDRESS <u>1814 Broadway</u>

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.

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