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

Do not use this space.

11377

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No.
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 78
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth K. Schwenck
(a) Residence. No. Chesterfield Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	4	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stratman
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John Giesler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anna Muth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Louis Schwenck
(Address) Chesterfield Mo.

15. FILED 3/13, 1931 O. E. Barnett M.D. REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 1928, to March 11, 1931 that I last saw her alive on March 11, 1931, and that death occurred, on the date stated above, at 9.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

97 Arteriosclerosis

162 (duration) 2 yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) advanced age

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? general symptoms
(Signed) J. L. DeLor, M. D.
3/12, 1931 (Address) Chesterfield 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 St. Johns Ev. Cem. Bellefountaine Mo — DATE OF BURIAL Mar. 14 - 1931

20. UNDERTAKER Schrader Und. Co. — ADDRESS Ballwin Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 27 1931