

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

Do not use this space.

6395

1. PLACE OF DEATH
 County St. Louis Registration District No. 504
 Township St. Benton Primary Registration District No. 7307
 City Wentzville (No. _____) St. _____ Ward _____

2. FULL NAME Anna Bertha Louisa Schwack
 (a) Residence, No. _____ St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 2 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1933 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville, Mo.

13. NAME Robert Rayburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont. Know.

15. MAIDEN NAME Sophronia Minon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont. Know.

17. INFORMANT (ADDRESS) Mr. Harris G. Schwack, Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville DATE 2-25-33

19. UNDERTAKER (ADDRESS) W. C. Bryden, Wentzville, Mo.

20. FILED 2-26-1933 W. C. Bryden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933 to Feb 23, 1933
 Last saw her alive on Feb 23, 1933 Death is said to have occurred on the date stated above, at 9:30 m.
 The principal cause of death and related causes of importance were as follows:
Probable Carcinoma of Liver
 Date of onset 4/6/6

Other contributory causes of importance: _____

Name of operation X none Date of _____
 What test confirmed diagnosis? symptoms Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury X
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. M. Dwyer, M. D.
 (Address) Wentzville, 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.

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