

DEC 1 3 1934

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

Do not use this space.

40708

1. PLACE OF DEATH

County.....

Registration District No. *5339*

Township.....

Primary Registration District No. *5339*City *St. Louis*(No. *5339*, *Blumen Ave.*)File No. *10641*Registered No. *10641*

St. Ward)

2. FULL NAME *Emma Weil Swartz*(a) Residence, No. St. *5* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charles Swartz*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 22 - 1865*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>69</i>	<i>9</i>	<i>13</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wisconsin*13. NAME *Ben. J. Weil*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*15. MAIDEN NAME *Elise Weil (nee)*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*17. INFORMANT *Charles Swartz*
(ADDRESS) *5339 Clemens*18. BURIAL, CREMATION, OR REMOVAL
PLACE *St. Louis Cem.* DATE *10-7* 19*34*19. UNDERTAKER *H. Kisserhoff*
(ADDRESS) *5276 Delaney*20. FILED *NOV - 5 1934* 19 *J. Bredeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 5*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *about* 19*30*, to *Nov. 5*, 19*34*I last saw her alive on *Nov. 1*, 19*34*. Death is said to have occurred on the date stated above, at *6 A.* m.

The principal cause of death and related causes of importance were as follows:

*coronary occlusion
arterio-sclerosis
hypertension
myocarditis, chronic*

Date of onset *?**Year 30**11 2**1 7*

Other contributory causes of importance:

Name of operation *0* Date of *9 30*What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) *Herethyn Sell*, M. D.(Address) *3720 Washington*

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.

