NOV 4 1936

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

Do not use this space.

39404
39418
10443

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Selina Sachs Schweich

(a) Residence, No. 5178 Cabenna St., 12 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry L. Schweich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-22-1873

7. AGE: YEARS 63 | MONTHS 5 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City Mo.

FATHER

13. NAME: Isaac Sachs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Ida Frank
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York N.Y.

17. INFORMANT (ADDRESS): Henry L. Schweich 5178 Cabenna

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Sinai Cem. DATE: 10-18-1936

19. UNDERTAKER (ADDRESS): A. Rindskopf 5216 Delmar

20. FILED: OCT 17 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/26, 1936, to 10/16, 1936

I last saw her alive on 10/16, 1936 Death is said to have occurred on the date stated above, at 9 45 a m.

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

Carcinoma of intestine — Date of onset 6/36

Other contributory causes of importance:

Name of operation: Exploratory Lap — Date of 9/1/36

What test confirmed diagnosis? Microscopical Was there an autopsy? yes

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) Lister Tuholski, M. D.

(Address) 453 N Taylor

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.

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