

REC'D JAN 11 1938

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

41119  
Do not use this space.

## 1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1008 Registered No. 10811  
(c) City St. Louis (d) Street No. 1721 Cora Ave St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 35 yrs. 5 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

632 Manda Schwartz  
(a) Residence, No. 1721 CORA AVE. St. 11 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WHOOMED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Schwartz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 8 1874</u>		
7. AGE <u>64</u>	YEARS <u>2</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as saw mill, bank, etc. <u>Domestic</u>
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) <u>Old Appleton Mo.</u>		
13. NAME <u>John Boone</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Appleton Mo.</u>		
15. MAIDEN NAME <u>Mary Ross</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Appleton Mo.</u>		
17. INFORMANT (ADDRESS) <u>Henry Schwartz 1721 CORA AVE.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington PK.</u> DATE <u>Dec. 18 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Peoples Burial League 3100 FRANKLIN AVE</u>		
20. FILED <u>DEC 16 1938</u> <u>J. B. Buder</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1938  
22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1938 to Dec 11 1938  
I last saw her alive on Dec 8 1938 Death is said to have occurred on the date stated above, at 8:50 P.M.  
The principal cause of death and related causes of importance were as follows:

chronic myocarditis  
59  
Other contributory causes of importance:  
Diabetes

Name of operation Chenal Date of             
What test confirmed diagnosis?            Was there an autopsy?           

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) L. B. H. Hough, M. D.  
(Address) 2902 Jodee

STATEMENT BY LICENSED EMBALMER

I, Henry Goodin; Licensed Embalmer No. 3050

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my hands

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Henry Goodin

Licensed Embalmer No. 3050

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**