

1360 JUN 24 1939

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

20061  
Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 881  
(b) Township Bridgeport Primary Registration District No. 6172  
(c) City..... (d) Street No..... Registered No. 25  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Lizzie Schwartz

(a) Residence, No. Warren County, Mo St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Frank Schwartz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. HWI  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 5/1/39 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME Adam Krubacker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Margaret Meyers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Frank Schwartz, (ADDRESS) Jonesburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Loutre Is. Cem. DATE 5/19/1939

19. FUNERAL DIRECTOR Hugo H. Blumer (ADDRESS) Hermann, Missouri

20. FILED May 19, 1939 A. W. Bentley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1939

22. I HEREBY CERTIFY that I attended deceased from April 4, 1939 to May 17, 1939  
I last saw her alive on May 17, 1939 Death is said to have occurred on the date stated above, at 5:11 p.m.  
The principal cause of death and related causes of importance were as follows:

Acute Suppurative Sinusitis  
Acute Suppurative Otitis Media  
Date of onset 5/11/39

Other contributory causes of importance: Senility

Name of operation None Date of 5/11/39  
What test confirmed diagnosis Gram 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? No  
If so, specify.....  
(Signed) Charles L. Gorman, M. D.  
(Address) Warrenton 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.

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STATEMENT BY-LICENSED EMBALMER

I, HUGO H. BLUMER, Licensed Embalmer No. 3160

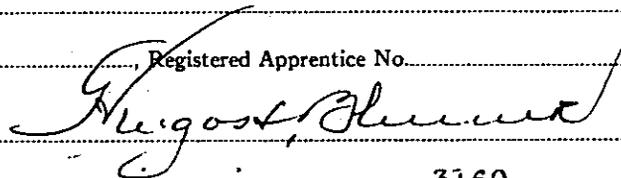
hereby certify that the body recorded on the reverse side of this certificate was embalmed by HUGO H. BLUMER

L. E.

No. 3160 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 3160

**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.)**