DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27821

Registration District No. 791 Primary Registration District No. Registrar's No. 7321

1. PLACE OF DEATH:
(a) County 1003
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5209 South Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louisa Zwick
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Michael Zwick
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 25, 1869 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Michael Zwick Jr.
(b) Address 5209 S. Broadway, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.
19. (a) AUG 2 - 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th year 1939 hour three minute 45 A.M.
21. I hereby certify that I attended the deceased from 8/15, 1939, to 8/24, 1939, that I last saw her alive on 8/23, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	unknown
Complicated by	
Due to Obstruction of Colon (Ca. Sigmoid)	
Due to Ac. Diverticulitis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations See # 2 & 3	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. R. Hawkes (M. D. or other)
Address 7219 Michigan Date signed 8/24/39

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

Dr Nan[illegible]
7219 Mich
Ri 0293

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway, St. Louis, Mo.

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

If this body is not embalmed, above space should be left blank.