REC'D SEP 19 1939

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

29683
Do not use this space.

1. PLACE OF DEATH
(a) County Marion Registration District No. 547
(b) Township Mason Primary Registration District No. 3029 Registered No. 232
or
(c) City Hannibal (d) Street No. 1000a Broadway 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

632

2. PRINT FULL NAME Louisa C. Schwartz
(a) Residence, No. 1000a Broadway 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Schwartz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1866

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
73	4	7	

OCCUPATION
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. —
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) Pike County Illinois

FATHER
13. NAME Henry Lackshede 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Roy P. Schwartz Hannibal, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt Olivet DATE August 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roy P Schwartz Hannibal, Missouri

20. FILED Aug 8, 1939 W C Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1938, to Aug 2, 1939
I last saw her alive on Aug 2, 1939. Death is said to have occurred on the date stated above, at 2:45 P.m.
The principal cause of death and related causes of importance were as follows:

Chr myocarditis

Date of onset

Other contributory causes of importance:

Senility & arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Clin 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) J J Reichmann, M. D.
(Address) 1 Bdwy Hannibal Mo

(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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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