

Registration District No. **791** Primary Registration District No. **1003**

FILED MAR 12

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4510 Newstead Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **9**
(If outside city or town limits write "RURAL")
(d) Street No. **4510 Newstead Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **55 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **31**
year **1940** hour **7** minute **15 P.M.**
21. I hereby certify that I attended the deceased from
May 29, 1937, to Jan 31, 1940
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **chronic myocarditis**
Due to: **General arteriosclerosis**
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations: _____
Of autopsy: _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Anna Schwarz**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ernst Schwarz** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **August 1, 1858**
(Month) (Day) (Year)

8. AGE: Years **81** Months **5** Days **30** If less than one day _____ hr. _____ min.

9. Birthplace **Germany** _____
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **George Brueggenhagen**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Metz**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernst Schwarz**
(b) Address **4510 Newstead Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 3 '40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Bronschung Mtd. Co.**

(b) Address **4746 W. Florissant**

19. (a) **FEB 2 1940**
(Date received local registrar)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Ray W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.)

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