

No. 2  
4-13-40  
5-17-39  
I X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12564**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2994**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**

(c) Name of hospital or institution: **St. Anthony's Hospital** **0**  
(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)

3. (a) PRINT FULL NAME **Elizabeth Schwind**

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..... **Charles A. Schwind** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **November 8, 1858**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>82</b>	<b>4</b>	<b>25</b>	..... hr. .... min.

9. Birthplace..... **Pekin Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **at home**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **John Berlin**

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

14. Maiden name..... **unknown**

15. Birthplace..... **unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Ferd. Schwind**

(b) Address..... **3949 S. Grand Bl.**

17. (a) **Burial** (b) Date thereof..... **April 7/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New St. Marcus Cm.**

18. (a) Signature of funeral director..... **Weick Bros. Und. Co.**

(b) Address..... **2201 South Grand Bl.**

19. (a) **APR - 4 1941** **J. P. Bredack**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County..... **17**

(c) City or town..... **St. Louis** **915**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3949 S. Grand Bl.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3**  
year **1941** hour **12** minute **40** A.M.

21. I hereby certify that I attended the deceased from **Feb 22**, 1941, to **April 3**, 1941;  
that I last saw her alive on **April 2**, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Bronchial Pneumonia** **7 days**

Due to..... **Fracture Right Hip** **1/22/41**

Due to..... **Chronic Myocarditis** **3 months**

Other conditions..... **Flow of Gallstones**  
(Include those existing within 3 months of death)

Major findings:  
Of operations..... **1 Gallstone**

Of autopsy..... **1 Gallstone**

PHYSICIAN..... **W. J. Bredack**

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)..... **accident**

(b) Date of occurrence..... **2-22-41** **000**

(c) Where did injury occur?..... **St. Louis Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**in home**

While at work?..... (Specify type of place) **went to put down and**  
(e) Means of injury..... **metal chair**

23. Signature..... **Albert J. Bond** (M.D. or other) **0**  
Address..... **1841 1/2 St.** Date signed **4/4/41**

*Anna Reina*  
*1841 S 12th St*



STATE OF ILLINOIS

DEPARTMENT OF HEALTH

EMBALMERS

REGISTERED

STATE OF ILLINOIS

FALL 1911

1911

**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 *Wm. A. Stewart*

Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette St.**

**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, fact should be so stated above.**