V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 804

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 712

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

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: St. Anthony Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 9 Days years, months or days)

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. 4724 Varrelman Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ~~Baby~~ Joan Schwager

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced nil

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 13 (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Baby

11. Industry or business

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

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

16. (a) Informant Frank Schwager

(b) Address 4724 Varrelmann

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/42 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Hacker Velderle Undertaker Co.

(b) Address 3634 Gravois Ave.

19. (a) JAN 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 13, 1942 to Jan. 22, 1942 that I last saw her alive on Jan. 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	
Due to Premature birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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 L. P. Hubig (M. D. or other)

Address 5817 Gravois Date signed Jan. 23 42

(Licensed Embalmer's Statement on Reverse Side)

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.