

FILED FEB 24 1942 91

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 580

1. PLACE OF DEATH:

(a) County.....**St. Louis**
(b) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4940 Union Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Mo.** (b) County.....**000**
(c) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No.....**4940 Union Blvd.**
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Schwarz Schwalke**

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 **Married**
6. (b) Name of husband or wife **Frank Schwalke** 6. (c) Age of husband or wife if alive **93** years
7. Birth date of deceased **Mar. 19 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 29 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Schwalke**
(b) Address **4940 Union Blvd.**

17. (a) **Burial** (b) Date thereof **1-21-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**

19. (a) **JAN 19 1942** **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **18**
year **1942** hour **2** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **June 1941** to **Jan. 18 1942**
that I last saw her alive on **Jan 18 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Esophagus**

Due to.....
Due to.....

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **R. R. Merwin** (M. D. or other) **MD**
Address **5330 Geraldine** Date signed **1/19/42**

Duration **8 mos.**

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

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