

No. 2
-1-4-41
5-17-39
PI X2630

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5898

Registrar's No.

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

FILED JUL 20 1942 791
Registration District No.

Primary Registration District No. 1003

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:
3741a Chouteau Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 28

(c) City or town Steelville
(If outside city or town limits, write "RURAL") **NR**

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Elizabeth Schwack

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Late Louis E. Schwack

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

7. Birth date of deceased Feb. 22nd 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Steeville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Tinker

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

14. Maiden name Margaret Woods

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

16. (a) Informant Louis Schwack

(b) Address 3912 Clayton Ave.

17. (a) Burial (b) Date thereof 7-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 11 1942 (b) J. F. Bedeker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day July
year 42 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 6, 1942
to July 10, 1942
that I last saw her alive on July 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Toxic Duration 5 days

Due to W

Due to J.F.

Other conditions Septic Malignant 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations none PHYSICIAN _____

Of autopsy none Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ho.

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature Dr. Louis H. Park (M. D. or other) _____
Address 3115 S. Grand Date signed 7/10/42

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 *Edwin S. Mc Dermott*

Licensed Embalmer No. *3024*

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.