S. No. 2
M—5-42
5-17-39
X3[illegible]

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4752

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2050

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2627a Nat Bridge Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether
In this community 51-6-10 Days
years, months or days)

2. USUAL RESIDENCE OF DEACEASED:

(a) State Mo. (b) County 099 13 9 90

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

(d) Street No. 2627a N. Bridge Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country NO. 0

3. (a) PRINT FULL NAME Catherine Schwab

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 21 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
51	6	10	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Andreas Schwab
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Carolene Wachter
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Simon J. Schwab
(b) Address 2627a N. Bridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 3 (Day) 43 (Year)
(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director Goodwin J. Goodwin
(b) Address 2228 St Louis Ave.

19. (a) MAR 2 1943 (Date received local registrar) (b) J. F. Bardecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1 year 43 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 30, 1943 to March 1, 1943 that I last saw her alive on Feb. 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic interstitial nephritis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 0

23. Signature Henry C. Westerman (M. D. or other)
Address 2136 East Grand Blvd. Date signed 3-2-43

(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 Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St Louis Mo

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.