

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2388

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
2527 Switzer Ave. Jennings, Mo
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(If outside city or town (fully, write "RURAL")
(d) Street No. 2527 Switzer Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Miss Emma Schwazy

3. (b) If veteran, name war _____

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 Oscar Schwazy
6. (c) Age of husband or wife if alive deceased years _____
7. Birth date of deceased January 30 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 22 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Herman Esmeling
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace St. Charles Co, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Olvin Schwazy
(b) Address 2527 Switzer Ave. Jennings, Mo
17. (a) Burial (b) Date thereof Oct 25 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo

18. (a) Signature of funeral director H. C. Dellinger & Sons
(b) Address 841 N. Second, St. Charles, Mo
19. (a) Oct 27 1943 (b) E. D. McHarran, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1943 hour 7 minute 30 A., M.

21. I hereby certify that I attended the deceased from May 2 43, 19 _____ to Oct 22 - 1943, 19 _____
that I last saw her alive on Oct 21 - 43, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____
Due to _____

Other conditions Chronic arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none 930

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
While at work? _____ (Specify type of place)
(e) Means of injury none

23. Signature Dr. W. F. Harmon
Address 2958 N. Grand Date signed 10/22-43

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

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

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.....

John E. Dallmeyer

Licensed Embalmer No. *2951*

P. O. Address *St Charles 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.